

PX9

Regus Attachment Q

Spruce River Account Documents

b-2

Online Virtual Office Agreement

Agreement Date : July 27, 2015 Confirmation No : 6420011

Business Center Details		Client Details	
NV, Las Vegas - Town Square		Company Name	Spruce River LLC
Address	8671 S. Las Vegas Blvd, Building D, Suite 210 Las Vegas Nevada 89119 United States of America	Contact Name	Megan Goodman-Amst
Sales Manager	Jason Simpson	Address	2011 Cherry Street Suite 202 Louisville Colorado 80027 United States of America
		Phone	+1 303-835-7410
		Email	megan@bluerocketbrands.com

Virtual Office Payment Details (exc. tax and exc. services)

Virtual Office Type : Mailbox Plus

Initial Payment :	First month's fee :	\$ 12.77
	One Time Registration Fee :	\$ 49.00
	Service Retainer :	\$ 198.00
	Total Initial Payment	\$ 259.77
Monthly Payment :	Actual Monthly Payment	\$ 99.00
Service Provision :	Start Date	July 28, 2015
	End Date	July 31, 2016

All agreements end on the last calendar day of the month.

Terms and Conditions

We are Regus Management Group, LLC, the "Provider". This Agreement incorporates our terms of business set out on the attached Terms and Conditions and House Rules which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Cancellation" section of your terms and conditions.

AGREEMENT TO ARBITRATE; CLASS ACTION WAIVER: Any dispute or claim relating in any way to this agreement shall be resolved by binding arbitration administered by the American Arbitration Association in accord with its Commercial Arbitration Rules (available at www.adr.org), except that you or the Provider may assert claims in small claims court and the Client and the Provider may pursue court actions to remove you, or prevent your removal, from the Center if you do not leave when this agreement terminates. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, or formation of this agreement. The arbitrator shall not conduct arbitration as a class or representative action. The Client and the Provider acknowledge that this agreement is a transaction in interstate commerce governed by the Federal Arbitration Act. The Client and the Provider agree to waive any right to pursue any dispute relating to this agreement in any class, private attorney general, or other representative action.

 I accept the terms and conditions[Download the terms and conditions](#)[Download the house rules](#)

We and our preferred partners would like to keep you informed of the latest product news, special offers and other marketing information. If you would like to receive this information then select this box.

Confirm by typing your name in the box below

Name : Megan Goodman-Amst on behalf of Spruce River LLC

Signed on
July 27, 2016

I confirm these details are correct to the best of my knowledge

Payment Details

Card Type : Visa
 Name on Card : Wave Rock, LLC
 Card Number : **** * 3043
 Expiry Date : 06 16

I authorise the Provider to debit my credit card for the total initial payment above plus applicable TAX/VAT and for all future charges incurred thereafter, unless another form of payment is provided.

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Virtual Office Agreement

Agreement Date (dd/mm/yyyy)	08 September 2015	Reference No.	6420011
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Business Centre Address	
Town Square Center 2165	
6671 Las Vegas Blvd. S.	
Suite 210	
Las Vegas, NV 89119	
USA	

Client Address (not a Regus Centre Address)	
Company Name:	Spruce River LLC
Contact Name:	Megan Goodman-Andt
Address:	2011 Cherry Street, Suite 202
Address:	Louisville, CO 80027
Phone & Email:	megan@bluerocketbands.com 303-835-7410

Payment Details

Virtual Services
Mailbox Plus
Standard Virtual Office

Initial Payment	First Month's Fee	249.00	USD
	One Time Registration Fee		USD
	Service Retainer	498.00	USD
		747.00	USD

Monthly Payment	249.00	USD
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Length of agreement	Start Date	Sept. 9th, 2015	End Date	July 31st, 2016
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*All agreements end on the last calendar day of the month.

Comments:

On 9/9/15 the Client will upgrade their Virtual Office from a Mailbox Plus to a Standard Virtual Office. The new monthly price will go from \$99 to \$249. The retainer on file is \$198 and a top-up retainer of \$300 is required.

We are Regus Management Group, LLC. ("Regus"). This Agreement incorporates our terms of business set out on attached terms and conditions which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Bringing your Agreement to an end".

Name (printed): Stelios Chatzis

Name (printed): Kelly Bliterman

Title (printed): Vice President

Title (printed): General Manager

Date: 9-9-12

Date: September 9, 2015

SIGNED on your behalf (Client)

SIGNED on our behalf (REGUS)

We would like to keep you informed of the latest product news, special offers and other marketing information from preferred partners. If you would like to receive this information then select this box.

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date 7/30/15

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.
 (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two forms of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

Spruce River, LLC

4. Applicant authorizes delivery to and in care of:

5. Name Regus Management Group

6. Address (No., street, apt./ste. no.) 1671 S. Las Vegas Blvd
Bldg D, Ste 210

7. City Las Vegas State NV ZIP + 4 89119

8. Name of Applicant Jaimie Hayden

9. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

10. DL# - DL# -

11. Passport # - Passport # -

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport; alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers

Jaimie Hayden, Manager

Louisville, CO 80021

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

Spruce River, LLC
Nevada July/Aug 2015

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

16. Signature of Applicant (if firm or corporation, application must be signed by officer. Show title.)

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Regus Attachment R

University & Folsom Account Documents

NEW CLIENT INFORMATION:

Company Name: University & Folsom

Clients Name(s): Marnie Baesler

Office Number(s): Virtual Office

Main Number(s): 720-895-1414

Voice Mail Number(s): All calls to vm for now
1414

Client Code: 65732

People Soft Number: 265732

Email Address: marniebaesler@yahoo.com

Mailbox# 32

2/8hrs conference

24576-206581

Dear Marnie,

Thank you for your Virtual Office purchase. Your online Regus reference number is 080326-YH80.

A Regus representative will be in touch with you shortly to review the details of your agreement, such as:

- The start date, length of term and location of your Virtual Office purchase
- The final price and payment terms of your Virtual Office purchase
- Answer any questions you may have about the product and/or the location

Please review your personal information and the details of your purchase below.

Your card will be charged in the local currency of your Virtual Office location, after a representative contacts you to reviews your details.

PERSONAL INFORMATION

Title: Ms.

First name: Marnie

Last name: Baesler

Job title: President

Company: University and Folsom, LLC

E-mail: marnathajane@yahoo.com

Phone: 303-888-8924

Street address 1: 6260 Lookout Rd

Street address 2:

City: Boulder

State: Colorado

ZIP/postal code: 80301

Country: United States

PURCHASE DETAILS

Regus online reference number: 080326-YH80

Requested location: Colorado, Englewood - Meridian

Location details:

<http://www.regus.com/locations/US/CO/Englewood/ColoradoEnglewoodMeridian.htm>

Product: Virtual Office (12 month)

Term start date: Friday, March 28, 2008

Length of term: 12 months

Payment method: Credit/debit card

Purchase order number or Broker/agent name:

Quoted currency: US Dollar

Quoted monthly price: USD200.00
Quoted discount: USD0.00
Quoted setup fee: USD99.00
Quoted retainer fee: USD200.00
Quoted first month: USD499.00

Quoted prices above exclude local tax. The quote above is only an indication of the service price. Once a Regus representative contacts you to set up your service, you will then be billed in the local currency of your Virtual Office location, with local sales taxes included.

IF YOU PLACED YOUR ORDER USING A CREDIT CARD, PLEASE FOLLOW THESE TWO STEPS IN ORDER TO ACTIVATE YOUR ACCOUNT:

1. Click on the link below (or copy and paste the URL to the address field of your browser) to download our credit card authorization form, which is required in order to set up your service:
<http://www.regus.com/assets/en-US/help/VOPayAuthorizationRegus.pdf>

2. In order to ensure a secure transaction, to establish your identity, and for fraud-prevention, we must obtain a copy of your credit card and picture identification. You can provide this documentation to us in person or via fax. For additional security, please feel free to strike all of the numbers on your credit card, except the last four digits. Please note: The name on the credit card must match the name on the ID, as well as the name on the agreement. In providing this information to Regus, you consent to our use of it for this purpose.

NOTE: If you are purchasing our Mailbox Plus product at a U.S. business center, the center will provide you with a United States Postal Service form 1583, which is required in order to begin your mail services. You can provide this documentation to us in person or via fax.

Your privacy is our priority:
<http://www.regus.com/assets/help/PrivacyPolicy.pdf>

QUESTIONS?

We're always available to help if you have questions about any of our products. However, please do not respond to this e-mail. Instead, call us from within the United States toll-free at 888 271 4615 or from outside the U.S. at +1 972 776 5350 to talk to a Regus representative, or contact us online at:
<https://www.regus.com/contactus/default.htm>

Regards,

Dani Hunt

From: Abby Hawkins [abby@convertismarketing.com]
Sent: Thursday, April 18, 2013 10:00 AM
To: Dani Hunt
Subject: RE: Update contact information for University & Folsom Virtual Office in Englewood, CO

Hi Dani,

I apologize, it has been a little hectic here since Marnie left.

Yes please update me as the contact for the account, my phone number is 303-218-6620 and my title is controller

Thank you!
Abby Hawkins

From: Dani Hunt [<mailto:dani.hunt@regus.com>]
Sent: Thursday, April 18, 2013 9:41 AM
To: abby@convertismarketing.com
Subject: FW: Update contact information for University & Folsom Virtual Office in Englewood, CO

Good Morning Abby,

I hadn't heard back and am following up with you on my request to update the contact info for University & Folsom.

Please let me know if you have any questions or concerns.

Thank you,

Dani Hunt
Client Service Representative II
Regus
9800 Mt Pyramid Ct, Suite 400, Englewood, Colorado, 80112 USA
T +1 720-895-1900 F +1 720-895-1999 D +1 720-895-1337
dani.hunt@regus.com
www.regus.com



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From: Dani Hunt
Sent: Tuesday, April 16, 2013 3:27 PM
To: 'abby@convertismarketing.com'
Subject: Update contact information for University & Folsom Virtual Office in Englewood, CO

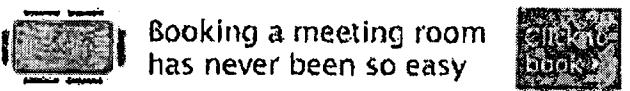
Hi Abby,

Taree gave me your email as the contact person for the above reference virtual office. Could I get your title and a phone number for our system?

Also please do not hesitate to contact me if you should have any questions or concerns yourself.

Thank you,

Dani Hunt
Client Service Representative II
Regus
9800 Mt Pyramid Ct, Suite 400, Englewood, Colorado, 80112 USA
T +1 720-895-1900 F +1 720-895-1999 D +1 720-895-1337
dani.hunt@regus.com
www.regus.com



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The information in this email is confidential and may be privileged.
If you are not the intended recipient, please destroy this message
and notify the sender immediately.

Regus PLC, 26, Boulevard Royal, L-2449 Luxembourg

Information from ESET NOD32 Antivirus, version of virus signature database 8242 (20130418)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Information from ESET NOD32 Antivirus, version of virus signature database 8242 (20130418)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Urgent Fwd

Kimberly Morris

From: Kimberly Morris
Sent: Friday, March 07, 2014 6:32 PM
To: 'abby@convertismarketing.com'
Cc: Margo Kelly
Subject: URGENT - payment overdue for March - services will be suspended on Monday, March 10th - collection pending

Importance: High

Tracking: **Recipient** **Delivery**
'abby@convertismarketing.com'
Margo Kelly **Delivered: 3/7/2014 6:56 PM**

Hi Abby,

Margo has been trying to reach out to you via email and phone. Regrettably, the VISA credit card on file for Blair McNea ending in #8756, Exp. 04/2014 is being declined after multiple attempts.

We have sent you a payment link 3 times which you can make a one-time payment on. You can update and remove your old card on the Regus client portal www.myregus.com by registering (need to acknowledge in your email once you register) and then go back in to card management.

Services will be suspended as of close of business Monday, March 10th and this file will be referred to a collection agency within 10 days thereafter. We sincerely hope to avoid that as you have been a long-term client.

Don't hesitate to call us or stop in for help.

Thank you.

Best regards,

Kim

Kim Morris
General Manager
Regus
9800 MT Pyramid Court Suite 400, Englewood CO 80112, USA
T +1 720 895 1350 F +1 720 895 1999 M +1 720 895 1900 E kjm.morris@regus.com
www.regus.com



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Please consider the environment before printing this e-mail

Kimberly Morris

From: Kimberly Morris
Sent: Tuesday, August 19, 2014 6:30 PM
To: 'Danielle Foss'
Cc: Tamara Wattenberg; Maria Roberti
Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Thanks for the clarification, Danielle. We will add you to the account also.

From: Danielle Foss [mailto:danielle@bluerocketbrands.com]
Sent: Tuesday, August 19, 2014 6:22 PM
To: Kimberly Morris; abby@convertismarketing.com
Cc: Tamara Wattenberg; Maria Roberti
Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Hi Kimberly,

I'm the administrator for University & Folsom...basically just manage the day to day items like making sure you always have an up to date payment method, making sure mail is forwarding to the correct address, etc.

Thanks for confirming we're good to go on the Standard Virtual Office.

Although Abby is still around if you have any questions, I'll be your day-to-day contact moving forward. Let me know if you need anything.

Thank you!

Danielle Foss | Blue Rocket Brands
p : 720.238.2418 | f: 303.530.0771



From: Kimberly Morris [mailto:Kimberly.Morris@regus.com]
Sent: Tuesday, August 19, 2014 6:13 PM
To: Danielle Foss; abby@convertismarketing.com
Cc: Tamara Wattenberg; Maria Roberti
Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Hi Danielle,

Thank you for the quick response. So we can update our records correctly, what is your relationship to University and Folsom? I see that your business name is different. We can then add you to the contact database in the appropriate category.

We will be returning mail starting Monday the 25th for parcels received in these two names.

University and Folsom currently has a standard Virtual Office, which includes Mail and small package receipt, reception services, main line answering, two days of day office usage in this location per month, and one complimentary Businessworld Gold card.

We look forward to hearing from you on the outstanding question. Thank you for your business!

Best regards,

Kim

Kim Morris

Coaching General Manager

9800 MT Pyramid Court Ste. 400
Englewood CO 80112

T: +1 720 895 1900 C: +1 720 937 0533

F: +1 720 895 1999

FaceBook: www.facebook.com/regus.workyourway

Twitter: www.twitter.com/RegusBlog

LinkedIn: www.linkedin.com

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From: Danielle Foss [<mailto:danielle@bluerocketbrands.com>]

Sent: Tuesday, August 19, 2014 5:38 PM

To: Kimberly Morris

Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Hi Kimberly,

Abby sent this message over to me so I can get this handled for you. Moving forward, feel free to send any requests my way so we can get them taken care of right away.

I spoke to the party we believe is responsible for sending mail to the incorrect name. And we've asked them to address things accordingly in the future. This should relieve the issues moving forward. Thanks for letting us know.

While I have you, can you please confirm whether or not our account is setup as a Standard Virtual Office or if it's just Mailbox Plus?

Thank you!

Danielle Foss | Blue Rocket Brands
p : 720.238.2418 | f: 303.530.0771



From: Kimberly Morris [mailto:Kimberly.Morris@regus.com]

Sent: Monday, August 18, 2014 3:58 PM

To: abby@convertismarketing.com

Cc: Tamara Wattenberg; Maria Roberti

Subject: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Importance: High

Hi Abby,

We recently began receiving mail for Marnie Baesler under two new company names: **Spark Whitening Online** and **Dental Pro Project**. The United States Post Office requires that we have a legal binding Service Agreement on each company name.

As a courtesy based on your long term relationship with Regus/HQ, we did forward the mail we received in the last two weeks. We will be unable to do this in the future without a new agreement in place for each name. We offer Mail only agreements for \$79 per month (one month free on 12-month new terms.)

Please give me a call at your earliest convenience to discuss. *After this week's forwarding, we will regrettably have to return mail for these two company names starting next week.*

Thank you.

Best regards,

Kim

Kim Morris
Coaching General Manager
9800 MT Pyramid Court Ste. 400

Englewood CO 80112

T: +1 720 895 1900 C: +1 720 937 0533

F: +1 720 895 1999

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Twitter: www.twitter.com/RegusBlog

LinkedIn: www.linkedin.com

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PX9

Regus Attachment S

Wave Rock Account Documents



Online Virtual Office Agreement

Agreement Date : Tuesday, December 13, 2011 Confirmation No : 3893077

Business Center Details

AZ, Scottsdale - Gainey Ranch (HQ)

Address 7702 East Doubletree Ranch Rd.
Suite 300
Scottsdale
Arizona
85258
United States of America

Sales Manager Gale Thurstin

Client Details

Company Name Wave Rock

Contact Name Marnie Baesler

Address 6280 Lookout Rd
Boulder
Arizona
80301
United States of America

Phone + () 1 303-888-8924

Email marnie@convertismarketing.com

Virtual Office Payment Details (exc. tax and exc. services)

Virtual Office Type : Standard Virtual Office

Initial Payment :

First month's fee : \$ 0.00

One Time Registration Fee : \$ 99.00

Service Retainer : \$ 438.00

Total Initial Payment : \$ 537.00

Monthly Payment :

Total Monthly Payment thereafter : \$ 219.00

Service Provision :

Start Date Sunday, January 01, 2012 End Date Monday, December 31, 2012

All agreements end on the last calendar day of the month.

Comments: Client will get first month January free

Terms and Conditions

We are Regus Management Group, LLC, "Regus". This Agreement incorporates our terms of business set out on our Terms and Conditions which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Bringing your Agreement to an end".

I accept the terms and conditions

Confirm by typing your name in the box below

Name : Marnie Baesler on behalf of Wave Rock

Signed on
Wednesday, December 14, 2011

I confirm these details are correct to the best of my knowledge

Regus

Page 2 of 2

Annabel Cano

From: Virginia Gaona
Sent: Tuesday, June 03, 2014 1:19 PM
To: Danica Robles
Cc: Susan Mooney; Annabel Cano
Subject: RE: Wave Rock mail forwarding address revised

Good Afternoon Danica,

Thank You for confirming your address. Annabel and I will go ahead and make the change in address for you. If there is anything else we can do for you please don't hesitate to ask.

Best,

Virginia Gaona
Customer Service Representative
Regus
7702 E. Doubletree Ranch Rd., Ste. 300 Scottsdale, AZ 85258 United States of America
(T) +1 480 348 3900 (F) +1 480 348 3999 (E) Virginia.Gaona@Regus.com

www.regus.com

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From: Danica Robles [<mailto:danica@bluerocketbrands.com>]
Sent: Tuesday, June 03, 2014 1:15 PM
To: Virginia Gaona
Subject: Wave Rock mail forwarding address revised

Hello,

Thank you for taking the time to help me I need to have the forwarding address changed for Wave Rock LLC:

OLD:
6260 Lookout Rd,
Boulder CO 80301

NEW:
2011 Cherry St, Suite 202
Louisville CO 80027

Also can you send me that list of other companies that also are attached to this acct?

Thanks again and look forward to hearing from you soon

Danica

PX9

Regus Attachment T

Wheeler Peak Marketing Account Documents



Online Virtual Office Agreement

Agreement Date : May 07, 2014 Confirmation No : 5561463

Business Center Details

NV, Henderson - The District at Green Valley Parkway

Address 170 S. Green Valley Parkway
Suite 300
Henderson
NEVADA
89012
United States of America

Sales Manager Kyrene Corbin

Client Details

Company Name Wheeler Peak Marketing LLC

Contact Name Danica Robles

Address 1333 W 120th Ave
Suite 222
Westminster
Colorado
80234
United States of America

Phone 303-503-2077

Email Danica@bluerocketbrands.com

Virtual Office Payment Details (exc. tax and exc. services)

Virtual Office Type : Standard Virtual Office

Initial Payment :

First month's fee : \$ 200.81

One Time Registration Fee : \$ 0.00

Service Retainer : \$ 0.00

Total Initial Payment : \$ 200.81

Monthly Payment :

Total Monthly Payment : \$ 249.00

Service Provision :

Start Date May 07, 2014 End Date May 31, 2015

All agreements end on the last calendar day of the month.

Comments:

- * Virtual Office Set Up Fees Waived - Total Savings of \$ 99.00
Customer is not required to pay the standard set up fee for their virtual office(s)
- * No Retainer - Total Savings of \$ 400.00
Customer is not required to pay the standard retainer for the initial term of this agreement.

Terms and Conditions

We are Regus Management Group, LLC, the "Provider". This Agreement incorporates our terms of business set out on our Terms and Conditions which you confirm you have read and understand. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Cancellation" section of your terms and conditions.

AGREEMENT TO ARBITRATE; CLASS ACTION WAIVER: Any dispute or claim relating in any way to this agreement shall be resolved by binding arbitration administered by the American Arbitration Association in accord with its Commercial Arbitration Rules (available at www.adr.org), except that you or the Provider may assert claims in small claims court and the Client and the Provider may pursue court actions to remove you, or prevent your removal, from the Center if you do not leave when this agreement terminates. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, or formation of this agreement. The arbitrator shall not conduct arbitration as a class or representative action. The Client and the Provider acknowledge that this agreement is a transaction in interstate commerce governed by the Federal Arbitration Act. The Client and the Provider agree to waive any right to pursue any dispute relating to this agreement in any class, private attorney general, or other representative action.

I accept the terms and conditions

Michelle Hargis

From: Neva <neva@revlive.net>
Sent: Friday, January 06, 2017 2:14 PM
To: Henderson District
Subject: Information update

Follow Up Flag: Follow up
Flag Status: Completed

Hello,

I just spoke with a gentleman on the phone and was advised to send an email requesting our account information be updated.

For Wheeler Peak marketing,LLC

- New forwarding address: 2011 Cherry Street Suite 202 Louisville, CO 80027
- New Contact: Cristy Blackburn
- New phone: 303.835.9910
- Email: accounting@bluerocketbrands.com

Thank you,
Neva Archuleta

PX10

Records Certification of Moneris Inc.

CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY
Pursuant to 28 U.S.C. § 1746

1. I, Karen Allen, have personal knowledge of the facts set forth below and am competent to testify as follows:
2. I have authority to certify the authenticity of the records produced by Moneris Solutions and attached hereto.
3. The documents produced and attached hereto by Moneris Solutions are originals or true copies of records of regularly conducted activity that:
 - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
 - b) Were kept in the course of the regularly conducted activity of Moneris Solutions; and
 - c) Were made by the regularly conducted activity as a regular practice of Moneris Solutions.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on January 9, 2017.

Karen Allen
Signature

PX10

Moneris Attachment A

Absolutely Working Account Documents



MERCHANT EZ APPLICATION

Additional Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Business Name (If Applicable)		Address	
Name of Account (Doing Business As)		Contact		Tax Filing Name (Same as Legal Name)	
FIRSTCLASSWHITENINGGLOBAL		MEGAN NOSEL		ABSOLUTELY WORKING LLC	
Address (No PO Box)				Are you a Foreign Entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City, State/Province, Zip/Postal Code ERIE		CO 80516		City, State/Province, Zip/Postal Code LAS VEGAS NV 89104	
DBA Phone No. (800) 392-3911		Retrieval Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> EIDS <input checked="" type="checkbox"/> Mail & EIDS <input type="checkbox"/> Auto Fax & EIDS		Client Contact Phone No. MEGAN NOSEL (800) 392-3911	
Mailing Name and Address (If different from above) 1810 E SAHARA AVENUE, SUITE 1535 LAS VE		ATTN:		Website Address www.www.firstclasswhiteningglobal.com/	
Merchant Customer Service Phone Number (800) 392-3911		Merchant Email Address MEGAN@FIRSTCLASSWHITENINGGLOBAL.COM			
MERCHANT PROFILE					
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Not for Profit <input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation - Ticker Symbol.					
Pricing based on: <input type="checkbox"/> Retail <input type="checkbox"/> Mail/Telephone <input checked="" type="checkbox"/> eComm Basic <input type="checkbox"/> eComm Preferred (MV) <input type="checkbox"/> IVR <input type="checkbox"/> Restaurant <input type="checkbox"/> Utilities <input type="checkbox"/> Other (Explain):					
Percent of Business: Card Swiped 0.0%		Mail Order/Telephone 0.0%		eCommerce 100.0% Manual Key Entry with Imprint, Customer Present.	
One Time Event: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		Seasonal Sales: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		High Volume Months	
Describe goods or services sold. TEETH WHITENING PRODUCT		When are your services or products delivered?		Within: <input type="checkbox"/> 1 Day <input checked="" type="checkbox"/> 1 Week <input type="checkbox"/> 30 Days <input type="checkbox"/> Other:	
Is merchant currently or has merchant previously been in any Card Brand chargeback or fraud monitoring program? (If yes please explain) NO					
Current PCI DSS Compliance Status (Please explain)					
TAXPAYER IDENTIFICATION NO. <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN <input type="checkbox"/> CST		Number of Locations 2 7 5 2 1 9 3 1 7 1		Years in Business 5.06	
YEARS OWNED BUSINESS					
OWNERS/OFFICERS: Three largest owner(s) by percentage of total ownership					
NAME (1) MEGAN NOSEL		Title MANAGER		Percentage Ownership 80.0 % Email Address MEGAN@FIRSTCLASSWHITENINGGLOBAL.COM	
Social Security # / Insurance #		Date of Birth 1986		Driver's License #	
Home Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent		City ERIE State/Province CO Zip/Postal Code 80516 Years There	
NAME (2)		Title		Percentage Ownership %	
Social Security # / Insurance #		Date of Birth		Driver's License #	
Home Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent		City State/Province Zip/Postal Code Years There	
NAME (3)		Title		Percentage Ownership %	
Social Security # / Insurance #		Date of Birth		Driver's License #	
Home Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent		City State/Province Zip/Postal Code Years There	
BANK INFORMATION (Primary Settlement Account)					
Bank Name GUARANTY BANK		Contact MANAGER		Phone No. (800) 235-4636	
Transit # (ABA Routing)				DDA # (Checking/Savings) 2917	
SECOND BANK INFORMATION (If applicable)					
Bank Name		Contact		Phone No.	
Transit # (ABA Routing)				DDA # (Checking/Savings)	
PREPARED BY FIELD SALES REP		Email		FIELD SALES ID	
Prepared by Inside Sales Rep (If applicable)				INSIDE SALES ID	
Range # 2 0 5 0 7 0 2 0 1 0 8 1		Book Number		Corporate Field	
Corporate Field		Chain #			
BMO Harris Bank N.A. <small>Moneris is a registered agent of BMO Harris Bank N.A.</small>					

MERCHANT EZ APPLICATION



Additional Location	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Partner Name (if applicable)	APP ID
MID				

CREDIT CARD SCHEDULE OF RATES AND FEES

(Do you currently accept credit cards? No Yes (If Yes, you should submit 3 most recent month's statements)) AutoDebit Only SPS-EFT Other

Name of Current Processor	RMS, Paysafe, Select Bank	Reason Leaving
CREDIT CARD:	Average Ticket Size \$ <u>40.00</u>	Max Ticket Size \$ <u>130.00</u>
	Annual Volume \$ <u>600000.0</u>	
	<input type="checkbox"/> Program Code: _____ <input type="checkbox"/> Promo Code: _____	

Explain Intended Use of Payment Services:

Merchant elects to accept American Express (merchant may choose to only accept other cards) Gross Net Gross/Gross

STANDARD RATES		STANDARD FEES	MISCELLANEOUS SERVICES	
Visa® / MasterCard® / Discover®*	Credit		INTERNET GATEWAY	
Qualified	4.99%	\$	One-Time License Fee	\$
Mid-Qualified	4.99%	\$	Monthly Gateway Fee	\$
Non-Qualified	5.85%	\$	Gateway Per Item Fee	\$
Regulated	%		WIRELESS	
American Express®	Credit		One-Time Set-Up Fee	\$
Qualified	%		Monthly Wireless Fee	\$
Mid-Qualified	%		Wireless Per Item Fee	\$
Non-Qualified	%		OTHER	
V/MC/D Interchange/Pass-Through	<input type="checkbox"/>		Address Verification Service Fee (AVS)	\$ 0.15
AMEX Program Pricing/Pass-through	<input type="checkbox"/>		EBT Transaction Per Item Fee	\$
 *By accepting Discover® you are eligible to accept JCB® and Diners Club International® cards			Dispute Man Monthly Fee (per user)	\$ 22
Discover® Received:			Monthly Disp Mgt Fee (flat fee)	\$
American Express®			Rewards <input checked="" type="checkbox"/> <input type="checkbox"/> No	
 AUTHORIZATION			EBT: <input type="checkbox"/> Cash Benefit <input type="checkbox"/> Food Stamps	
Visa®/MasterCard®/Discover®		\$ 0.29	FCS IDs:	
American Express®		\$	Convenience Fee*** <input type="checkbox"/> Fixed \$	
Non-Bank Card		\$	***Non-Bank Card applies to certain Merchant using convenience fee	
Batch Header		\$ 0.45	<input type="checkbox"/> Percentage %	
Billback Surcharge		<input type="checkbox"/> %	Account Updater <input type="checkbox"/> Visa (VAU) <input type="checkbox"/> MasterCard (ABU)	
 DEBIT			Registration Fee \$	
PIN Debit Transaction Per Item		\$ 0.0	Monthly Fee \$	\$
PIN Debit Interchange Fee		<input type="checkbox"/>	 <input type="checkbox"/> By checking this box, Merchant opts out of receiving future commercial marketing communications from American Express.	
PIN Debit Discount Rate		0.0 %		
Regulated Signature Debit Auth Fee		\$	Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.	
Regulated Signature Debit Sales Transaction Fee		\$		
Regulated Signature Debit Return Transaction Fee		\$		

Rates and fees are based on proposed volume of transactions listed in Merchant's application and above, and corresponding levels of interchange applicable thereto, and are subject to adjustment by Bank or Card Associations based upon actual volume levels and qualifications for interchange. Early Transaction Fee is calculated based on the greater of Two Hundred Fifty Dollars (\$250) or Bank's average monthly volume derived from processing Merchant's transactions (based on an average of the highest three (3) months of processing volume during the previous or current term of the Agreement, whichever is greater), multiplied by .005, multiplied by the number of full and partial transactions in another category. Bank will process the transaction pursuant to the terms of this Agreement and assess the appropriate fee. Gross billing is defined as fees charged on gross sales volume. Gross-Gross Billing is defined as fees charged on gross sales volume and credit volume. Net billing is defined as fees charged on net sales volume. Rewards Discount Rate for sales and credits: An additional 0.20% over the credit Qualified, Mid-Qualified, Non-Qualified Discount Rates.

NETWORK AND OTHER FEES	
 VISA®*	
Acquirer Processing Fee	Currently \$0.02 per authorization.
International Fee (IAF)	Currently 0.45% or 0.90% per settled transaction based on your merchant category code.
ISA Fee	Currently 0.80% of Visa International Sales Volume.
Cash Advance Fee (USA)	Currently 0.40% of Visa International Sales Volume.
Misuse of Auth Fee	Currently \$0.045 per authorization.
Zero Floor Limit Fee	Currently \$0.10 per Visa transaction without proper authorization.
Credit Assessment Fee	Currently 0.13% of sales volume.
Debit Assessment Fee	Currently 0.11% of sales volume.
Transaction Integrity Fee	Currently \$0.10 per transaction.
Network Fee CP (Card Present)	Varies based on # of locations.
Network Fee CNP (Card Not Present)	Varies based on CNP volume.
 PULSE®	
Pulse Debit Network Annual Fee	Currently \$9.00
 STAR®	
STAR Debit Network Annual Fee	Currently \$6.00
 *Pricing may increase due to any increases in association and other third party fees which will be passed through to you.	
 MASTERCARD®*	
Network Access Usage Fee	Currently \$0.02 per transaction.
Cross-Border Fee	Currently 0.60% of MasterCard International Sales Volume.
Acquirer Program Support Fee	Currently 0.25% of MasterCard International Sales Volume.
Assessment Fee	Currently 0.121% of sales volume (an additional fee will be added for transactions > \$1,000 currently 0.01%).
Acct Status Ing SVC Interregional	\$0.025 per transaction.
Acct Status Ing SVC Interregional	\$0.03 per transaction.
Processing Integrity Fee	\$0.055 per authorization (that is not cleared or reversed).
Digital Enablement Fee	Currently 0.01% of MasterCard Card Not Present Sales Volume.
 DISCOVER®*	
Data Usage Fee	Currently \$0.02 per transaction.
International Processing Fee	Currently 0.40% per settled international transaction.
International Service Fee	Currently 0.55% per settled international transaction.
Assessment Fee	Currently 0.11% of sales volume.
 AMERICAN EXPRESS®*	
Network Fee	Currently 0.15% per sales transaction.
Non-Signed Transaction Fee	Currently 0.30% per non-signed sales transaction.
Inbound Fee	Currently 0.40% per international sales transaction.



MERCHANT EZ APPLICATION

Pre-Note MCC

Additional Location	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Partner Name (if applicable)	APP ID
MID				

CARD NOT PRESENT INFORMATION (if applicable)

For merchants who process MORE THAN 20% of their bankcard transactions, or volume, without physically swiping the credit card, we ask that you complete the following information in its entirety:

Provide a full description of the product or service you provide to the cardholder:

-at-home teeth whitening on a negative option, trial and continuity basis

How will you receive cardholder data? Phone Fax Internet Mail

For Internet orders, please provide us with your active URL: firstclasswhiteningglobal.com

(if site is not active, please provide a test site with a user name and password if one is needed. Please also note that for our internet merchants, we ask that your website meet specific security and disclosure criteria.)

When do you typically charge the cardholder? BEFORE or AFTER the product/service is provided to the cardholder

What is your general breakdown of billing?

100 % At time of purchase | % Monthly | % Quarterly | % Annually | % Other, explain:

What is the average amount of time (in days) that it will take for the cardholder to receive the product/service? 3 (days)

What is your target geographic area? 75 % United States | % Canada 25 % Other: UK / AUS

For your product/service, do you outsource any of the following? Customer Service Product Shipment Handling of Returns Cardholder Billing Fulfillment House

If Yes to any of the above, please list the name(s), address(es) and phone number(s) of those fulfillment organizations:

1. SEE FULFILLMENT AGREEMENT

2.

For merchants who receive cardholder data from the Internet, please advise if any part of your website is outsourced to a third party? Common examples include:

Shopping Cart Hearing Solutions Gateway Cardholder Data Storage Other, explain:

In some cases, we may require certificates from those third parties confirming their compliance in protecting cardholder data.

REFUND POLICY: No Refunds Refund Within 30 Days Damaged/Defective Merchandise Only Restocking Fee Charged Store Credit Only
 Return Authorization Required (RMA/ROA) Other

Should Merchant alter or change any aspect of the business from that described herein, or if any information changes, without prior notice to and approval by Bank, then Merchant will be subject to termination. Also, Merchant agrees to obtain, abide by, and fully comply with protecting cardholder data as described at www.paymentcardstandards.org.

PERSONAL GUARANTY

Name of Guarantor:

Megan Nosei

Merchant Name:

First Class Whitening Global

To induce BMO Harris Bank N.A., Moneris Solutions, Inc. (collectively "Bank"), and Sage Payment Solutions EFT and all other Moneris Solution third party providers to enter into the Merchant Services Agreement and/or any agreements for SPS-EFT services (the "SPS-EFT Agreement"), the Guarantor(s) indicated below (jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Bank and SPS-EFT (collectively, the "Guaranty Recipients") pursuant to the Merchant Services Agreement and the SPS-EFT Agreement (collectively, the "Agreement"), as they now exist or as amended from time to time, with or without notice. This guaranty is a guaranty of payment, and not of collection, and a debt of Guarantor for his or her own account. Accordingly, none of the Guaranty Recipients shall be required before enforcing this guaranty against Guarantor: (1) to pursue any right or remedy of any of the Guaranty Recipients may have against Merchant or any other Guarantor; (2) to make any claim in a liquidation or bankruptcy of Merchant or any other Guarantor of these obligations; or (3) to make demand of the Merchant or any other Guarantor of these obligations or to seek to enforce or realize upon any collateral security held by any of the Guaranty Recipients which may secure these obligations. The guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Agreements. We waive any notice of acceptance of this guaranty, notice of non-payment or non-performance of any provision of the Agreements by Merchant, and all other notices or demands regarding the Agreements. We agree to promptly provide to the Guaranty Recipients any information requested from time to time concerning my/our financial condition, business history, business relationships and employment information. This guaranty will not be discharged or affected by the death of the Guarantor, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of the Guaranty Recipients. Guarantor(s) understand that the Inducement (to the Guaranty Recipients to enter into the Agreements) is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

Signature of Guarantor, as an individual:

X Megan Nosei

Printed Name and Home Address of Guarantor

megan nosei 5310 NE COUNTY LINE ROAD ERIE, CO 80516

MERCHANT AUTHORIZATION AND ACCEPTANCE

The owner, officer, partner, or member signing this Merchant Application (the "Signing Party") represents that the Signing Party is authorized to sign the Merchant Application (the "Application") and enter into the Merchant Services Agreement (the "Agreement"). The Signing Party also represents and warrants that the Application and all information and documentation submitted in connection with the Agreement is true, complete and correct. All requested information must be provided for the Application to be processed. If the information provided on the Application or elsewhere cannot be verified, then the Application may be denied. Merchant and its owner have authorized, and shall continue to authorize Bank, Moneris, their third party providers and their representatives and affiliates to obtain and verify any financial and credit information regarding Merchant and its owner, and to share such information amongst Bank, Moneris, their third party providers and their affiliates and their representatives.

Notice: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Agreement. This means that when you enter into an Agreement we will ask for name, address, date of birth and other information that will allow us to identify you, the entity on whose behalf you are signing.

Merchant has read and understands all of the terms of the Agreement set forth on the Moneris Agreement Website (<https://www.monerisusa.com/terms-and-conditions>) and accepts and agrees with all such terms. If Bank or Moneris agree to provide services to Merchant, submission of any transactions or items to Bank, Moneris or its third party providers constitutes consent to the Agreement terms and conditions and the terms and conditions related to any other services Merchant has elected to receive.

SIGNATURE FOR MERCHANT:

By: Megan Nosei

Telephone:

Title: Manager

Date: 3/15/16

FOR OFFICE USE ONLY (Merchant - Do Not Sign Below)

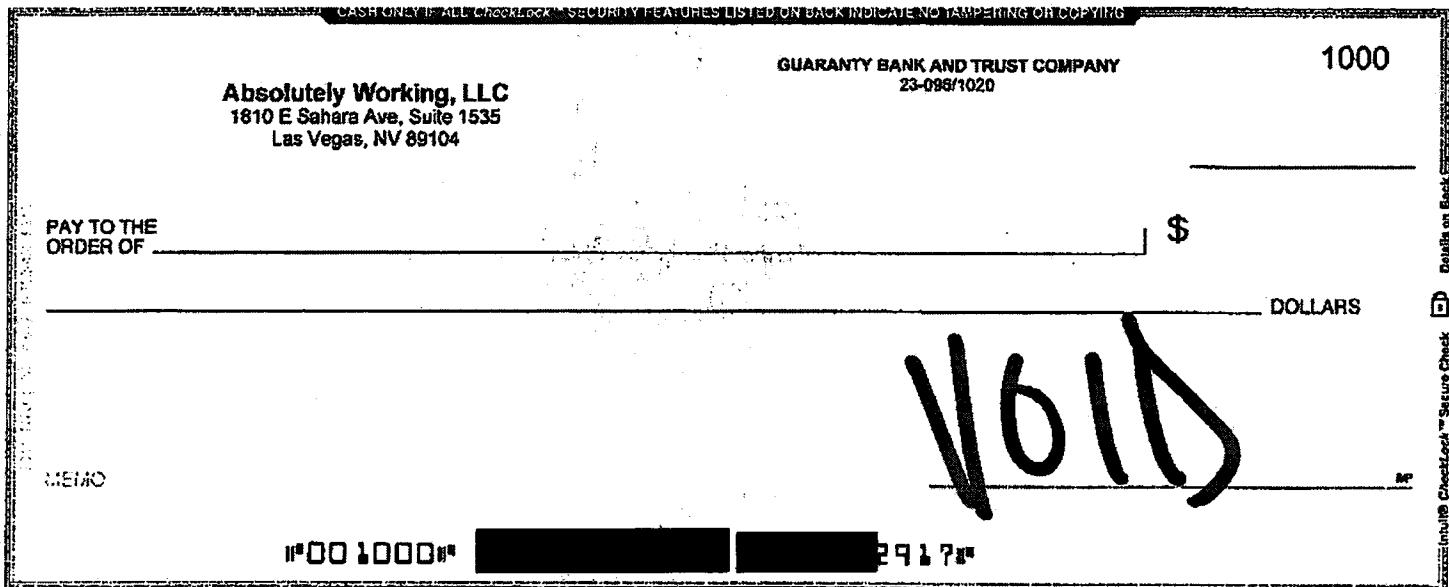
BMO Harris Bank N.A.*

By: Authorized Representative

Moneris Solutions, Inc.

By: Authorized Representative

BMO Harris Bank N.A. * Moneris is a registered agent of BMO Harris Bank N.A.



Absolutely Working, LLC 1000

Absolutely Working, LLC 1000

PAYMENT
RECORD

PX11

Records Certification of Priority Payment Systems Inc.

CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY
Pursuant to 28 U.S.C. § 1746

1. I, Christopher S. Prince, have personal knowledge of the facts set forth below and am competent to testify as follows:
2. I have authority to certify the authenticity of the records produced by Priority Payment Systems and attached hereto.
3. The documents produced and attached hereto by Priority Payment Systems are originals or true copies of records of regularly conducted activity that:
 - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
 - b) Were kept in the course of the regularly conducted activity of Priority Payment Systems; and
 - c) Were made by the regularly conducted activity as a regular practice of Priority Payment Systems.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on March 2, 2017.



Signature

PX11

PPS Attachment A

Brass Triangle Account Documents

MERCHANT APPLICATION



GMA
Global Merchant Advisors

Merchant # 2097 New Location Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now® Yes No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

Business Information: Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations.

Legal Name (as it appears on your income tax return):

Brass Triangle, LLC

Name of Account (Doing Business As):

www.trimxtsecrets.com

Legal Address:

4600 E. Washington St., Ste. 300

Physical Street Address (No P.O. Box):

4600 E. Washington St., Ste. 300

City:

Phoenix

State:

AZ

Zip:

85034

City:

Phoenix

State:

AZ

Zip:

85034

Phone #:

(802) 903-4075

Contact:

Megan Goodman-Arndt

DBA Phone #:

(888) 528-9205

Fax #:

()

Must Choose One Mailing Address:

 DBA Address Legal Address

E-Mail Address:

megan@trimxtsecrets.com

Website Address:

www.trimxtsecrets.com

Federal Tax #

(as it appears on your

income tax return)

of Locations

Years in Business

Years Owned Business

4 5 5 0 7 6 5 3 6

1

6 months

6 months

Place of Legal Formation:

Arizona

Country of Primary Business Operations:

USA

Bank Reference:

JPMorgan Chase, NA

Contact:

Joe Rodriguez

Phone #:

(480) 970-7097

► Owners or Officers: Individual Ownership Must be Equal to or Greater than 50%

Name: Title: Date of Birth: Applicant's SS #: % Equity Ownership:

1. Megan Goodman-Arndt

Manager

-1977

80 %

Residence Address:

City:

Firestone

State:

CO

Zip:

80504

Years:

10

US Government Issued ID#:

Type of ID:

Expiration Date:

Country of Citizenship (if not US):

Home Phone:

CO Drivers License

12042-15

Name: Title: Date of Birth: Applicant's SS #: % Equity Ownership:

Residence Address:

City:

State:

Zip:

Years:

US Government Issued ID# Type of ID: Expiration Date: Country of Citizenship (if not US): Home Phone:

()

► Business Profile

Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Government
 Corporation (Privately Traded) Corporation (Publicly Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other:

Type of Goods or Services Sold: SIC Code:

Do you currently accept Discover®/Visa/Mastercard? Name of Current Processor:

 Yes No

(if yes, you should submit 3 current months' statements.)

Meritus, Trust One

Has Merchant or any associated principal disclosed below filed Yes Date: No

bankruptcy or been subject to involuntary bankruptcy?

Merchant Type: Discover/Visa/MasterCard Sales Profile (Be Accurate):

 Retail Restaurant Lodging Service Internet Home Based Other

Total = 100 %

► Sales Profile

Discover/Visa/MasterCard Sales Profile (Be Accurate):

Card Swipe %

Manual Key Entry with Imprint, Card Present %

Mail Order/Telephone %

Internet 100 %

Other 100 %

Total = 100 %

► Business Trade Suppliers: List Two

Name: Address: Contact: Phone #:

United One Int'l Labs Farmers Branch, TX James Mitchell (972) 490-3300

Name: Address: Contact: Phone #:

Pacific Naturals Burbank, CA Stefanie Danhi (818) 303-9315

► Merchant Site Survey Report To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residence OtherArea Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No

If No, explain:

The Merchant: Owns Leases the Business Premises Landlord Name & Phone #: Theresa Larsen

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: Office #: Representative #: Representative Signature: Date:

X *Jeffrey Ams* *Theresa Larsen* 10-15-12

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:

DISC/VSMC (Other Cards) Discount Rate: %
 VSMC Discount Rate for Debit Cards: %
 AMEX Discount Rate: %

Fees

SCCVSMC Transaction Fee: Per Item
 Non-Bankcard Transaction Fee: Per Item
 Statement Fee: \$10.00 Monthly
 VIMAS Online Service: \$35.00 Monthly
 Monthly Minimum: \$35.00 Monthly
 Annual Fee: \$99.00 Per Year
 Debit Transaction Fee Plus Network Fees: Per Item
 EBT Transaction Fee: Per Item
 EBT Statement Fee: \$5.00 Monthly
 Batch Fee: \$0.25 Per Batch
 Manual Imprinter: QTY: One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: \$10.00 Monthly
 AVS Surcharge: \$0.10 Per Item
 Government Compliance Fee: \$6.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time
 Misc Fees: Start Mo/Yr: Amount: Terms:
 #1
 #2
 #3
 #4

1) We understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? Yes No. Give name / address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

Merchant Benefits Club

Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal purchased per month. Initials: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other entities for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services

Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization: (Include a voided check or bank letter verifying bank account information.)

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 37.00AVERAGE MONTHLY VOLUME: 50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual: Guaranty • No Titles

For All Businesses: Business Resolution

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understand further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

GREED AND ACCEPTED

McCoolen, Sandt

10/12/2012

#1 From Application - Signature

Date

X

#2 From Application - Signature

Date

PPS Attachment A-2 Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev2, 10/01/2011

Page 2 of 10

Mail / Phone / Internet / Touchtone Rates

Merchant Chooses to accept the following:

DISC/VSMC (Other Cards) Discount Rate: %
 VSMC Discount Rate for Debit Cards: %
 AMEX Rate: %

Fees

DISC/VSMC Transaction Fee: .35 Per Item
 Non-Bankcard Transaction Fee: \$0.35 Per Item
 Statement Fee: \$10.00 Monthly
 VIMAS Online Service: \$15.00 Monthly
 Monthly Minimum: \$35.00 Monthly
 Annual Fee: \$99.00 Per Year
 MOTO/Internet Surcharge: .01 Per Item
 AVS Surcharge: \$0.10 Per Item
 Batch Fee: \$0.35 Per Batch
 Manual Imprinter: QTY: \$14.95 One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: \$10.00 Monthly
 Government Compliance Fee: \$6.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time
 Misc Fees: Start Mo/Yr: Amount: Terms:
 #1 One-Time
 #2 Monthly
 #3
 #4

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.trimxtsecrets.com

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement)

trimxtsecrets

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and Pacific Naturals Burbank, CA

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Uniper Solutions, 7251 W. Lake Mead Blvd., Ste. 300, Las Vegas, NV 89128 702-562-4218

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? X Yes No If Yes, X Monthly Quarterly Bi-annual Annual

Is your database collecting entire credit card numbers? X Yes No If Yes, are you PCI compliant? X Yes No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BAN. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). NOW THEREFORE in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 10/12/12

Megan Goodman-Arndt
OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Megan Goodman-Arndt
Print Name

Print Name

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(2011)

2011

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning

, 2011, ending

, 20

See separate instructions.

Your social security number

Spouse's social security number

Your first name and initial

Brian T

Last name

Arndt

If a joint return, spouse's first name and initial

Megan E

Last name

Goodman-Arndt

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Longmont CO 80503

Foreign country name

Foreign province/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You Spouse

Filing Status

1 Single
2 Married filing jointly (even if only one had income)

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►

Check only one box.

3 Married filing separately. Enter spouse's SSN above and full name here. ►

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse

Boxes checked
on 6a and 6b
No. of children
on 6c who:

• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c
not entered aboveIf more than four dependents, see
instructions and
check here ►

6c	Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
6a	First name Last name			
6b				

d Total number of exemptions claimed

4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a b Taxable amount
16a Pensions and annuities 16a b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a b Taxable amount
21 Other income. List type and amount CANCELED DEBT INCOME
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

Adjusted
Gross
Income

23 Educator expenses
24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN ►
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income ►

Brass Triangle, LLC
4600 E Washington St, Suite 300
Phoenix, AZ 85034

JPMORGAN CHAS & CO., INC., NA
Arizona
91-0021221

1000

PAY TO THE
ORDER OF

VOID

\$

DOLLARS

MEMO

#0010000

8174

Brass Triangle, LLC

1000

Brass Triangle, LLC

1000



BRASS TRIANGLE LLC
6260 LOOKOUT RD
SUITE 100
Boulder, CO 80301

09904

90-781211

DATE

PAY TO THE
ORDER OF

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DOLLARS


BANK OF THE
WEST

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01234567890
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1-800-488-2265

VOID

02411* 09904

PPSISL000432

PX11

PPS Attachment B

Bridge Ford Account Documents

MERCHANT APPLICATION

Merchant # _____

New Location Additional Location
 11835 W. Olympic Blvd • Ste 650E • Los Angeles, CA 90064
 Tel: 310.220.0624 • Fax: 310.602.6282
www.gmapay.com

WCH*WhiteningCoachAtHome

1. Business Information

Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SSA Employer Identification Number (EIN) Letter to avoid fines and income withholding by the IRS.

Legal Name (as it appears on your income tax return): Bridge Ford, LLC			Name of Account (Doing Business As): Whitening Coach at Home		
Legal Address: 871 Coronado Center Dr. Suite 200			Physical Street Address (No P.O. Box): 871 Coronado Center Dr. Suite 200		
City: Henderson	State: NV	Zip: 89052	City: Henderson	State: NV	Zip: 89052
Phone #: (888) 895-4363	Contact: Emily McEvoy		DBA Phone #: (888) 895-4363	Fax #: (303) 530-0771	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: emily@whiteningcoachathome.com		Website Address: www.WhiteningCoachAtHome.com	
Federal Tax # 217512211236		# of Locations 1	Years In Business 3	Years Owned Business 3	
Place of Legal Formation: Nevada			Country of Primary Business Operations: USA		
Bank Reference: Bankof the West			Contact: Penny Smith	Phone #: (303) 652-3800	

1. Owners or Officers - Individual Ownership Must be Equal to or Greater than 50%

Name: 1. Emily McEvoy	Title: Manager	Date of Birth: /83	Applicant's SS #: [REDACTED]	% Equity Ownership: 80
Residence Address: [REDACTED]	City: Denver		State: CO	Zip: 80203
US Government Issued ID#: [REDACTED]	Type of ID: DL	Expiration Date: 2015	Country of Citizenship (if not US): [REDACTED]	Home Phone: [REDACTED]

Name: 2.	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:	City:		State:	Zip:
US Government Issued ID#: [REDACTED]	Type of ID: [REDACTED]	Expiration Date: mm/dd/yyyy	Country of Citizenship (if not US): [REDACTED]	Home Phone: ([REDACTED]) [REDACTED]

1. Business Profile

1. Sales Profile

Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Government
 Corporation (Privately Traded) Corporation (Publicly Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other

Merchant Type:	Discover/Visa/MasterCard Sales Profile
<input type="checkbox"/> Retail	Be Accurate:
<input type="checkbox"/> Restaurant	Card Swipe
<input type="checkbox"/> Lodging	Manual Key Entry with Imprint,
<input type="checkbox"/> Service	Card Present
<input checked="" type="checkbox"/> Internet	Mail Order/Telephone
<input type="checkbox"/> Home Based	Internet
<input type="checkbox"/> Other	Total = 100 %

Type of Goods or Services Sold:

SIC Code:

Teeth Whitening 5968

Do you currently accept Discover®/Visa/Mastercard?
 Yes No
 If yes, you should submit 3 current vendor statements.)

Name of Current Processor:
GMA

Has Merchant or any associated principal disclosed below filed
bankruptcy or been sujet to involuntary bankruptcy?

Yes Date: _____
 No

1. Business Trade Suppliers - List Two:

Name: Sunshine Health	Address: Oakland Park, FL	Contact: Ralph Morton	Phone #: (954) 493-5469
Name: Verifi	Address: Los Angeles, CA	Contact: Shane Lynch	Phone #: (323) 655-5789

1. Merchant Site Survey/Report - To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residence Other
 Area Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No
 If No, explain:

The Merchant: Owns Leases the Business Premises Landlord Name & Phone #: N/A

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: Office #: 12478 Representative

Representative Signature: _____ Date: 7/3/14

X

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

the merchant at this address and the information stated above is true and correct.
Verified and Inspected by: _____ Office #: 12128 Representative: _____

Verified and Inspected by:

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: _____ Office #: 12478 Representative _____ Representative Signature: _____ Date: _____
(Handwritten signature and date over the line)

<input checked="" type="checkbox"/> Discover / Visa / MasterCard Standard Item / High Risk Retail Rates Merchant Chooses to accept the following: DISC/VSAMC (Other Cards) Discount Rate: _____ VSAMC Discount Rate for Debit Cards: _____		<input checked="" type="checkbox"/> Mail / Phone / Internet / Touchtone Rates Merchant Chooses to accept the following: DISC/VSAMC (Other Cards) Discount Rate: 4.25% VSAMC Discount Rate for Debit Cards: 4.25%	
► Fees			
DISC/VSAMC Transaction Fee: _____ Non-Bankcard Transaction Fee: _____ Non-Bankcard: _____ % Discount Rate: _____ Statement Fee: _____ VIMAS Online Services: _____ Monthly Minimum: _____ Annual Fee: _____ Debit Transaction Fee Plus Network Fee: _____ EBT Transaction Fee: _____ EBT Statement Fee: _____ Batch Fee: _____ Manual Imprinter: QTY: <i>6</i> <i>25.00</i> Chargeback Fee: <i>25.00</i> _____ ACH Reject Fee: <i>50.00</i> _____ Network Fee: <i>50.00</i> _____ Voice Authorization Fee: <i>50.00</i> _____ Gateway Access Fee: _____ AVS Surcharge: <i>50.00</i> _____ Government Compliance Fee: <i>50.00</i> _____ TIN Mismatch Fee: <i>50.00</i> _____ Deposit/Refund Fee: <i>50.00</i> _____ Early Termination Fee: <i>500.00</i> _____ Misc Fees: _____ #1: _____ #2: _____ #3: _____ #4: _____ #5: _____ % of Volume over \$ _____ per item		DISC/VSAMC Transaction Fee: 10.25 _____ Per Item Non-Bankcard Transaction Fee: _____ Non-Bankcard: _____ % Discount Rate: <i>10</i> _____ Statement Fee: <i>10.00</i> _____ VIMAS Online Services: <i>150</i> _____ Monthly Minimum: <i>150</i> _____ Annual Fee: <i>199</i> _____ ATM/Off-Center Surcharge: <i>10.10</i> _____ AVS Surcharge: <i>1.00</i> _____ Batch Fee: <i>1.00</i> _____ Manual Imprinter: QTY: <i>25.00</i> <i>25.00</i> <i>25.00</i> 25.00 Chargeback Fee: <i>25.00</i> _____ ACH Reject Fee: <i>50.00</i> _____ Network Fee: <i>50.00</i> _____ Voice Authorization Fee: <i>50.00</i> _____ Gateway Access Fee: <i>50.00</i> _____ Government Compliance Fee: <i>50.00</i> _____ TIN Mismatch Fee: <i>50.00</i> _____ Until Validated Deposit/Refund Fee: <i>50.00</i> _____ Early Termination Fee: <i>500.00</i> _____ One Time 495 _____ Misc Fees: _____ #1: <i>50.00</i> <i>50.00</i> 50.00 #2: <i>50.00</i> <i>50.00</i> 50.00 #3: _____ #4: _____ #5: _____ % of Volume over \$ _____ per item	
1) I understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions batched and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply, include but are not limited to, MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Associations' website for further details. 3) By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. <input type="checkbox"/> Yes Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.			
► My Merchants Benefits Club			
<input checked="" type="checkbox"/> The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month.			

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted? Internet

If advertising on Internet, list website address: www.whiteningcoachathome.com

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement):

B F C O A C H * W T E 8 8 8 8 9 5 4 3 6 3

List name(s) and address(es) of vendor from which the product is purchased:

Sunshine Health, Oakland Park FL and Oratech, SLC UT

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Rev Go Fulfillment, 7565 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold: US, CAN, UK

List carrier services that will deliver product or service: USPS, Globegistics

What is your return or refund policy? RMAs required, full refund if canceled within 30 days of shipment

How does the customer order the product or service? www.whiteningcoachathome.com

When you receive an authorization, how long before merchandise is shipped or services are provided? 1-3 days

Do you perform recurring monthly billing? Yes No If Yes, Monthly Quarterly Bi-annual Annual

Is your database collecting entire credit card numbers? Yes No If Yes, are you PCI compliant? Yes No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL (Bank), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL (Bank) VISA/MasterCard Processing Agreement (Agreement). NOW THEREFORE, In consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 6/18/14

OWNER / OFFICER: Emily McEvoy

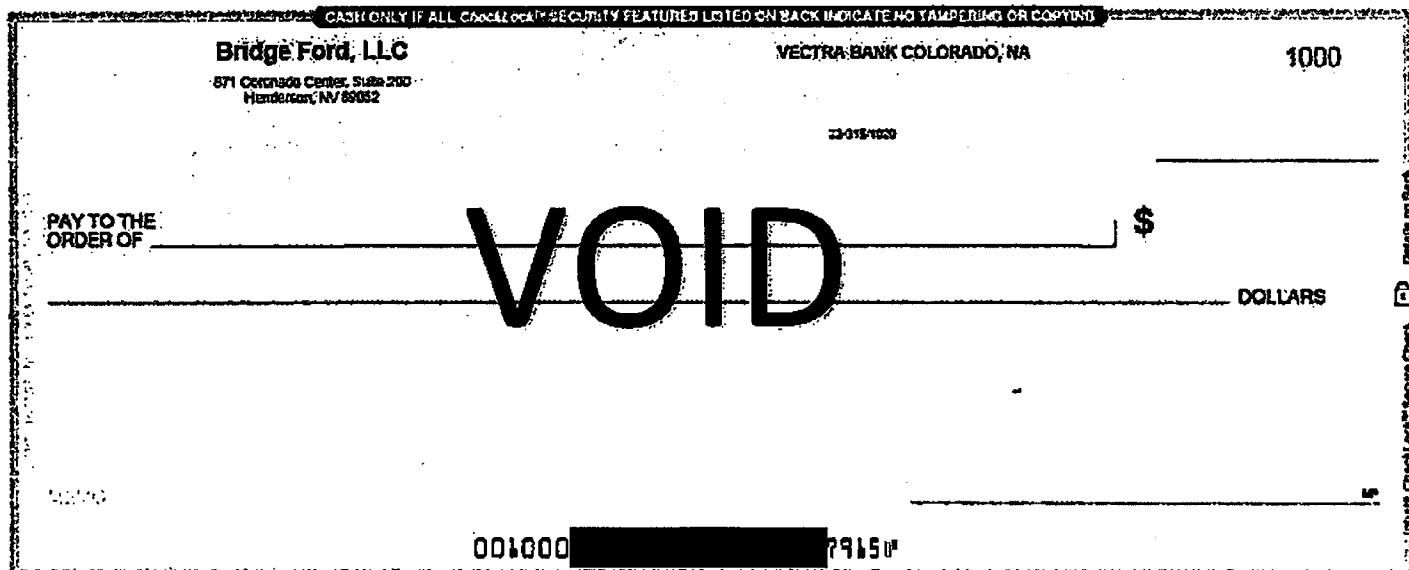
Authorized BMO Harris Bank, N.A. Agent

Print Name: Emily McEvoy

Print Name

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL.

Rev.2.08/25/13
Page 12 of 15



BRIDGE FORD LLC
6260 LOOKOUT RD STE 100
Boulder, CO 80301

09901

DATE

90-781211

PAY TO THE
ORDER OF

BANK OF THE WEST
FOR

VOID

\$

DOLLARS

244409 09901



MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION

DATE: 6/5/15 MID: ██████████ 1002

DBA NAME: Whitening Coach at Home

LEGAL NAME: Bridge Ford, LLC

DBA ADDRESS: 871 Coronado Center Drive, Suite 200
Henderson, NV 89052

CHANGE(S) REQUESTED (Please check all applicable)

DBA Name: _____

DBA Address: _____

DBA Phone Number: _____ - _____ - _____

DBA Fax Number: _____ - _____ - _____

Mailing Address: _____

Email Address: _____

Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

New Routing Number: ██████████ _____

New Account Number: ██████████ 17915 _____

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Emily McEvoy

Signature: E. S. McEvoy



www.brockcpas.com



August 30, 2013

Blair McNea
Bridge Ford, LLC
[REDACTED]
Boulder, CO 80301

Dear Blair:

Enclosed is your 2012 partnership tax return, as follows...

2012 U.S. RETURN OF PARTNERSHIP INCOME

Schedules K-1 are included and should be immediately forwarded to the respective partners.

The return was prepared from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

Your returns have been prepared for electronic filing. You must sign and return the efile authorization forms to our office as explained in the filing instructions. Your copy should be retained for your files for a minimum of three years from the due date or extended due date of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAs. P.C.

2012 TAX RETURN FILING INSTRUCTIONS**U.S. RETURN OF PARTNERSHIP INCOME****FOR THE YEAR ENDING**December 31, 2012

Prepared for	Blair McNea Bridge Ford, LLC [REDACTED] Boulder, CO 80301
Prepared by	Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
To be signed and dated by	A member manager of the LLC
Amount of tax	Not applicable
Mail tax return to	This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Forms to be distributed to partners	[REDACTED]
Return must be mailed on or before	Not applicable
Special Instructions	Do not mail the paper copy of the return to the IRS. You should provide a paper copy of the Schedules K-1 to the respective partners immediately. If you choose to distribute these schedules electronically, you must distribute them in accordance with the specific requirements contained in IRS Revenue Procedure 2012-17, which generally requires the prior written consent of the partner. Please contact us if you need assistance regarding these requirements.

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2012, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/16/13**2012**

A Principal business activity CREDIT CARD PROCESSING	Name of partnership BRIDGE FORD, LLC	D Employer identification number 27-5221236
B Principal product or service CREDIT CARD PROCESSING	Print or type 871 CORONADO PRKwy, SUITE 200	E Date business started 02/24/2011
C Business code number 525990	Number, street, and room or suite no. If a P.O. box, see the instructions. City or town, state, and ZIP code HENDERSON NV 89052	F Total assets \$ 17,254.
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)		
H Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 2		
J Check if Schedules C and M-3 are attached <input type="checkbox"/>		

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a 125,177.	1c	111,125.
	b Returns and allowances	1b 14,052.		
	c Balance. Subtract line 1b from line 1a			
2	Cost of goods sold (attach Form 1125-A)		2	
3	Gross profit. Subtract line 2 from line 1c		3	111,125.
4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4	
5	Net farm profit (loss) (attach Schedule F (Form 1040))		5	
6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
7	Other income (loss) (attach statement)		7	
8	Total income (loss). Combine lines 3 through 7	111,125.	8	
9	Salaries and wages (other than to partners) (less employment credits)		9	3,000.
10	Guaranteed payments to partners		10	
11	Repairs and maintenance		11	
12	Bad debts		12	
13	Rent		13	2,412.
14	Taxes and licenses		14	353.
15	Interest		15	
16 a	Depreciation (if required, attach Form 4562)	16a		
b	Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c	
17	Depletion (Do not deduct oil and gas depletion.)		17	
18	Retirement plans, etc.		18	
19	Employee benefit programs		19	
20	Other deductions (attach statement)	SEE STATEMENT 2	20	104,996.
21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21	110,761.
22	Ordinary business income (loss). Subtract line 21 from line 8		22	364.

Deductions (see the instructions for limitations)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Sign Here ► Signature of general partner or limited liability company member manager ► Date May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Print/Type preparer's name CRAIG CHANEY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
---	----------------------	------	---	------

Paid Preparer Use Only BROCK AND COMPANY, CPAS, P.C.	Firm's EIN ► 84-0930288
--	--------------------------------

Firm's address ► 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501	Phone no. 303-776-2160
---	-------------------------------

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

Schedule B | Other Information

Form 1065 (2012)

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►	<input type="checkbox"/>	<input type="checkbox"/>
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►	<input type="checkbox"/>	<input type="checkbox"/>
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►	<input type="checkbox"/>	<input type="checkbox"/>
20 Enter the number of partners that are foreign governments under section 892. ►	<input type="checkbox"/>	<input type="checkbox"/>

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ► BRAZILIAN SKIN SECRETS, LLC	Identifying number of TMP ► 27-5223316
If the TMP is an entity, name of TMP representative ► BLAIR MCNEA	Phone number of TMP ►
Address of designated TMP ► 7251 WEST LAKE MEAD BLVD, SUITE 300 LAS VEGAS, NV 89128	

Form 1065 (2012)

**SCHEDULE B-1
(Form 1065)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

► Attach to Form 1065. See instructions

OMB No. 1545-0099

Name of partnership

Employer identification number

BRIDGE FORD, LLC

27-5221236

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
EMILY SPRINGMANN		UNITED STATES	80.00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue ServiceFor calendar year 2012, or tax
year beginning _____
ending _____Partner's Share of Income, Deductions,
Credits, etc.

► See separate instructions.

2012

 Final K-1 Amended K-1 OMB No. 1545-0099Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss)	15 Credits
73.	
2 Net rental real estate income (loss)	
	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
A 73.	
C 22,225.	

*See attached statement for additional information.

Part I Information About the Partnership

A Partnership's employer identification number
27-5221236

B Partnership's name, address, city, state, and ZIP code

BRIDGE FORD, LLC
871 CORONADO PRKwy, SUITE 200
HENDERSON, NV 89052C IRS Center where partnership filed return
E-FILED Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
27-5223316

F Partner's name, address, city, state, and ZIP code

BRAZILIAN SKIN SECRETS, LLC
7251 WEST LAKE MEAD BLVD, SUITE 300
LAS VEGAS, NV 89128G General partner or LLC
member-manager Limited partner or other LLC
memberH Domestic partner Foreign partnerI 1 What type of entity is this partner? **PARTNERSHIP**I 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	20.0000000%	20.0000000%
Loss	20.0000000%	20.0000000%
Capital	20.0000000%	20.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$
Qualified nonrecourse financing	\$
Recourse	\$ 16,919.

L Partner's capital account analysis:

Beginning capital account	\$ -106.
Capital contributed during the year	\$
Current year increase (decrease)	\$ 73.
Withdrawals & distributions	\$ ()
Ending capital account	\$ -33.

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

For IRS Use Only

PX11

PPS Attachment C

Bridge Ford Account Documents

MERCHANT APPLICATION



GMA
Global Merchant Advisors

Merchant # 2097

New Location Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now® Yes No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSlate and DonateWiseNow Program terms and conditions.

► **Business Information** Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Terms and Conditions for further information)

Legal Name (as it appears on your Income tax return):
Bridge Ford, LLC

Name of Account (Doing Business As):
www.skinnyqenterprises.com

Legal Address:
871 Coronado Center Dr Suite 200

Physical Street Address (No P.O. Box):
871 Coronado Center Dr Suite 200

City: Henderson State: NV Zip: 89052

City: Henderson State: NV Zip: 89052

Phone #: (702) 932-2844 Contact: Emily Springmann

DBA Phone #: (800) 506-6390 Fax #: ()

Must Choose One Mailing Address: E-Mail Address: emily@skinnyqenterprises.com
 DBA Address Legal Address

Website Address:
www.skinnyqenterprises.com

Federal Tax # (as it appears on your income tax return) # of Locations Years In Business
2 7 6 2 2 1 2 3 6 1 1.75

Years Owned Business
1.75

Place of Legal Formation: Country of Primary Business Operations:
Nevada USA

Bank Reference: JPMorgan Chase, NA Contact: Julio Jauregui Phone #: (702) 259-0798

► **Owners or Officers** Individual Ownership Must be Equal to or Greater than 50%

Name: 1. Emily Springmann Title: Manager Date of Birth: 1983 Applicant's SS #: _____ % Equity Ownership: 80 %

Residence Address: City: Longmont State: CO Zip: 80504 # Years: 2.5

US Government Issued ID#: Type of ID: CO Drivers License Expiration Date: 2015 Country of Citizenship (if not US): _____ Home Phone: _____

Name: 2. Title: _____ Date of Birth: _____ Applicant's SS #: _____ % Equity Ownership: _____

Residence Address: City: _____ State: _____ Zip: _____ # Years: _____

US Government Issued ID#: Type of ID: _____ Expiration Date: _____ Country of Citizenship (if not US): _____ Home Phone: () _____

► **Business Profile**

Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Government
 Corporation (Privately Traded) Corporation (Publicly Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other:

Type of Goods or Services Sold: SIC Code: weight loss products

Do you currently accept Discover®/Visa/MasterCard? Yes No
(If yes, you should submit 3 current month's statements.) Name of Current Processor: PowerPay

Has Merchant or any associated principal disclosed below filed Yes Date: _____ bankruptcy or been subject to involuntary bankruptcy? No

► **Sales Profile**

Merchant Type:	Discover/Visa/MasterCard Sales Profile (Be Accurate):
<input type="checkbox"/> Retail	Card Swipe %
<input type="checkbox"/> Restaurant	Manual Key Entry with Imprint, Card Present %
<input type="checkbox"/> Lodging	Mail Order/Telephone %
<input type="checkbox"/> Service	Internet 100 %
<input checked="" type="checkbox"/> Internet	Home Based
<input type="checkbox"/> Other	Total = 100%

► **Business Trade Suppliers** List Two

Name: United One Int'l Labs Address: Farmers Branch, TX Contact: James Mitchell Phone #: (972) 490-3300

Name: Pacific Naturals Address: Burbank, CA Contact: Stefanie Dahl Phone #: (818) 303-9315

► **Merchant Site Survey Report** To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residence Other _____
Area Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No
If No, explain:

The Merchant: Owns Leases the Business Premises Landlord Name & Phone #: Roger S. _____

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: Office #: Representative #: Representative Signature: Date:

x M. Boucher

x M. Boucher

10-18-12

Page 1 of 10

Rev2. 10/01/2011

PPSISL000255

► Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:
 DISC/V/MC (Other Cards) Discount Rate: _____ %
 VS/MC Discount Rate for Debit Cards: _____ %
 AMEX Discount Rate: _____ %

► **Fees**

DISC/V/MC Transaction Fee:	Per Item
Non-Bankcard Transaction Fee:	Per Item
Statement Fee:	\$10.00 Monthly
VIMAS Online Service:	Monthly
Monthly Minimum:	\$35.00 Monthly
Annual Fee:	\$69.00 Per Year
Debt Transaction Fee Plus Network Fees:	Per Item
EBT Transaction Fee:	Per Item
EBT Statement Fee:	\$5.00 Monthly
Batch Fee:	\$0.25 Per Batch
Manual Imprinter:	QTY: One Time
Chargeback Fee:	\$35.00 Per Item
ACH Reject Fee:	\$25.00 Per Item
Retrieval Fee:	\$5.00 Per Item
Voice Authorization Fee:	\$0.95 Per Call
Gateway Access Fee:	\$10.00 Monthly
AVS Surcharge:	\$0.10 Per Item
Government Compliance Fee:	\$6.95 Monthly
TIN Mismatch Fee:	\$325.00 Until Validated
Early Termination Fee:	\$495.00 One Time
Misc Fees:	Start Mo/Yr: _____ Amount: _____ Terms: _____
#1	_____
#2	_____
#3	_____
#4	_____

► Mail / Phone / Internet / Touchtone Rates

Merchant Chooses to accept the following:
 DISC/V/MC (Other Cards) Discount Rate: _____ 4.49 %
 VS/MC Debit Card Discount Rate: _____ 4.49 %
 AMEX Rate: _____ 57.95 Monthly

► **Fees**

DISC/V/MC Transaction Fee:	35 Per Item
Non-Bankcard Transaction Fee:	\$0.35 Per Item
Statement Fee:	\$10.00 Monthly
VIMAS Online Service:	\$15.00 Monthly
Monthly Minimum:	\$35.00 Monthly
Annual Fee:	\$89.00 Per Year
MOTO/Internet Surcharge:	.01 Per Item
AVS Surcharge:	\$0.10 Per Item
Batch Fee:	\$0.25 Per Batch
Manual Imprinter:	QTY: \$14.95 One Time
Chargeback Fee:	\$35.00 Per Item
ACH Reject Fee:	\$25.00 Per Item
Retrieval Fee:	\$5.00 Per Item
Voice Authorization Fee:	\$0.95 Per Call
Gateway Access Fee:	\$10.00 Monthly
Government Compliance Fee:	\$6.95 Monthly
TIN Mismatch Fee:	\$325.00 Until Validated
Early Termination Fee:	\$495.00 One Time
Misc Fees:	Start Mo/Yr: _____ Amount: _____ Terms: _____
#1 G2 SPM - Setup Fee	\$150.00 One-Time
#2 G2 SPM - Monthly Fee	\$150.00 Monthly
#3	_____
#4	_____

1) I/we understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-Through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa misuse of Auto Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross-Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third-party to store or transmit Cardholder data? Yes No. Give name / address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

► **Merchant Benefits Club**

Yes, I want to participate in the optional Merchant Benefits Club which includes environmental support and placement for an additional \$14.95 per term/subscription per month. Initials: X

► **American Express**

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

► **Debit/Credit Authorization** • Include a voided check or bank letter verifying bank account information

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE:

AVERAGE MONTHLY VOLUME:

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► **Individual Guaranty • No Titles**

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED

10/15/2012

X #1 From Application - Signature

X #2 From Application - Signature

Date

Date

10/15/2012

Date

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.skinnyqenterprises.com

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement)

Skinnyq b f 8005066390

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and Pacific Naturals Burbank, CA

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Wave Rock, 7702 E. Doubletree Ranch, Ste. 300, Scottsdale, AZ 85258 480-607-4352

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the Internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? Yes No If Yes, Monthly Quarterly Bi-annual Annual

Is your database collecting entire credit card numbers? Yes No If Yes, are you PCI compliant? Yes No

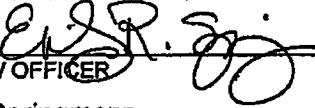
This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ("Bank"), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL (Bank) VISA/MasterCard Processing Agreement (Agreement). NOW THEREFORE in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:


OWNER / OFFICER

Emily Springmann

Print Name

DATE: 10/15/2012

Authorized BMO Harris Bank, N.A. Agent

Print Name

Form 1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2011

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning

, 2011, ending

, 20

See separate instructions.

Your first name and initial

Robert L

Last name

McEvoy

If a joint return, spouse's first name and initial

Emily R

Last name

Springmann

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your social security number

Spouse's social security number

[REDACTED]

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Longmont CO 80504

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name

Foreign province/county

Foreign postal code

Filing Status

1 Single4 Head of household (with qualifying person). (See instructions.) If2 Married filing jointly (even if only one had income)

the qualifying person is a child but not your dependent, enter this

Check only one

3 Married filing separately. Enter spouse's SSN above

child's name here. ►

and full name here. ►

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6b

Boxes checked

on 6a and 6b

2

b Spouse

No. of children

on 6c who:

• lived with you

• did not live with

you due to divorce

or separation

(see instructions)

Dependents on 6c

not entered above

If more than four
dependents, see
instructions and
check here ►

c Total number of exemptions claimed

Add numbers on

lines above ►

2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

22

Adjusted
Gross
Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and

24

fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ►

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

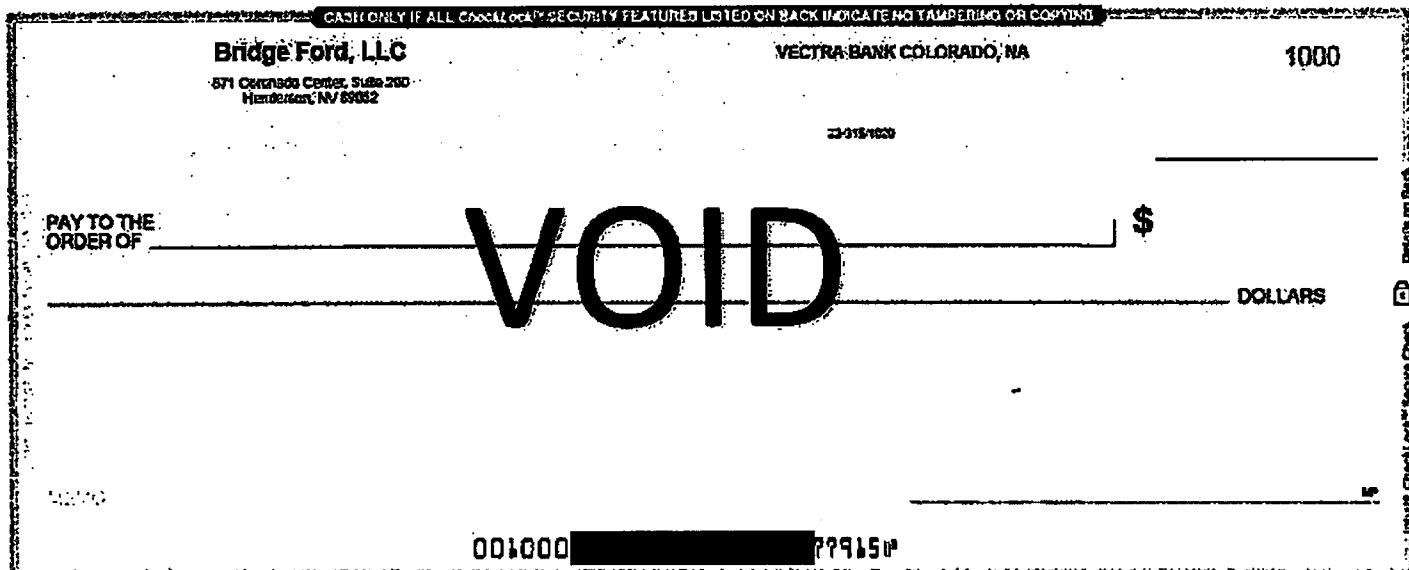
37 Subtract line 36 from line 22. This is your adjusted gross income ►

37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

REV 02/22/12 TTD

Form 1040 (2011)



Bridge Ford, LLC
871 Coronado Center, Suite 200
Henderson, NV 89052

JPMORGAN CHASE BANK, NA
90-7162/3222

1004

PAY TO THE
ORDER OF

\$

DOLLARS

001004

18.82

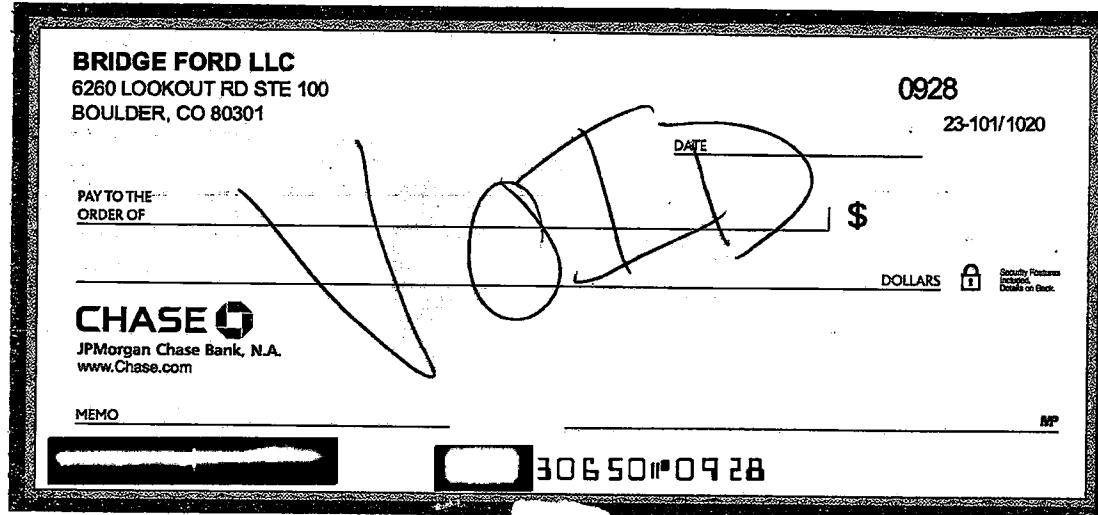
Bridge Ford, LLC

1004

Bridge Ford, LLC

1004





[Print Form](#)

MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION

DATE: 4/5/15 MID: 3235

DBA NAME: Skinny IQ Enterprises

LEGAL NAME: Bridge Ford, LLC

DBA ADDRESS: 871 Coronado Center Drive, Suite 200
Henderson, NV 89052

CHANGE(S) REQUESTED (Please check all applicable)

DBA Name: _____

DBA Address: _____

DBA Phone Number: _____

DBA Fax Number: _____

Mailing Address: _____

Email Address: _____

Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

New Routing Number: _____

New Account Number: 7915

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Emily McGray

Signature: Emily S. McGray

PX11

PPS Attachment D

Desert Gecko Account Documents

MERCHANT APPLICATION

CardFlex®

Merchant #

New Location Additional Location
 2900 Bristol Street • F-201 • Costa Mesa, CA 92626
 Tel: 866.634.3044
www.cardflexnow.com

Merchant Accepts GreenSuite – DonotsWiseNow Yes No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonotsWiseNow Program terms and conditions.

► Business Information

Legal Name (as it appears on your income tax return): Desert Gecko, LLC		Name of Account (Doing Business As): Todays Whitening Trend			
Legal Address: 1 E. Washington St., Ste. 300, Phoenix		Physical Street Address (No P.O. Box): 1 E. Washington St., Ste. 300			
City: Phoenix	State: AZ	Zip: 85004	City: Phoenix	State: AZ	Zip: 85004
Phone #: (602) 533-2840	Contact: Sarah Austin	DBA Phone #: (800) 630-6329	Fax #: (303) 530-0774		
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: sarah@todayswhiteningtrend.com		Website Address: www.todayswhiteningtrend.com	
Federal Tax # 415107164114		# of Locations 1	Years In Business 3	Years Owned Business 1	
Place of Legal Formation: Arizona			Country of Primary Business Operations: USA		
Bank Reference: First Bank			Contact:	Phone #: (303) 530-1000	
► Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%					
Name: 1. Sarah Austin	Title: Manager	Date of Birth: 1986	Applicant's SS #:	% Equity Ownership: 80	
Residence Address:	City: Boulder	State: CO	Zip: 80301	# Years: 10	
US Government Issued ID#:	Type of ID: CO DL	Expiration Date: 2019	Country of Citizenship (if not US):	Home Phone: ()	
Name: 2.	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:	
Residence Address:	City:	State:	Zip:	# Years:	
US Government Issued ID#:	Type of ID:	Expiration Date: mm/dd/yyyy	Country of Citizenship (if not US):	Home Phone: ()	

► Business Profile

Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Government
 Corporation (Privately Traded) Corporation (Publicly Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other

Type of Goods or Services Sold:
teeth whitening

SIC Code:

Do you currently accept Discover®/Visa/Mastercard?

Name of Current Processor:

 Yes No
(Yes, you should submit 3 current month's statements.)Has Merchant or any associated principal disclosed below filed
bankruptcy or been subject to involuntary bankruptcy? Yes Date: _____ No

► Business Trade Suppliers – List Two

Name: Rapid Color Printing	Address: 6445 Kams Park Ct, Las Vegas	Contact: Kat Cruz	Phone #: (702) 792-6055
Name: Verifil	Address: 8391 Beverly Blvd., Box #310, LA, CA	Contact: Shane Lynch	Phone #: (323) 655-5789

► Merchant Site Survey Report – To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residence Other
 Area Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No
 If No, explain:

The Merchant: Owns Leases the Business Premises Landlord Name & Phone #:

Further Comments by Inspector (Must Complete) I have not inspected the site.

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by:

Office #: Representative #: Representative Signature:
Michelle Steinberg

Date:
2/24/15

X

► Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates		► Mail / Phone / Internet / Touchtone Rates	
Merchant Chooses to accept the following:		Merchant Chooses to accept the following:	
DISC/VSMC (Other Cards) Discount Rate: _____		4.59%	
VS/MC Discount Rate for Debit Cards _____		4.59%	
► Fees			
DISC/VSMC Transaction Fee: _____		Per Item	\$.025
Non-Bankcard Transaction Fee: _____		Per Item	\$.025
Non-Bankcard: _____ % Discount Rate: _____		Per Item	Per Item
Statement Fee: _____		Per Item	Per Item
VIMAS Online Service: _____		Monthly	Monthly
Monthly Minimum: _____		Monthly	Monthly
Annual Fee: _____		Per Year	Per year
Debit Transaction Fee Plus Network Fees: _____		Per Item	Per Item
EBT Transaction Fee: _____		Per Item	Per Item
EBT Statement Fee: _____		Monthly	Monthly
Batch Fee: _____		Per Batch	Per Batch
Manual Imprinter: QTY: _____		One Time	One Time
Chargeback Fee: _____		Per Item	Per Item
ACH Reject Fee: _____		\$25.00	Per Item
Retrieval Fee: _____		\$5.00	Per Item
Voice Authorization Fee: _____		\$0.95	Per Call
Gateway Access Fee: _____		Monthly	Monthly
AVS Surcharge: _____		\$0.10	Per Item
Government Compliance Fee: _____		\$4.85	Per Month
TIN Mismatch Fee: _____		\$18.95	Until Validated
DonateWiseNow Fee: _____		Per Month	Per Month
Early Termination Fee: _____		One Time	One Time
SECTION 16.1			
Misc Fees:		Start Mo/Yr:	Amount:
#1 Mid-Qualified Transactions (Rate 2)		_____	_____
#2 Non-Qualified Transactions (Rate 3)		_____	_____
#3 _____		_____	_____
#4 _____		_____	_____
#5 _____ % of Volume and/or \$ _____ per Item		_____	_____
Misc Fees:		Start Mo/Yr:	Amount:
#1 Mid-Qualified Transactions (Rate 2)		_____	_____
#2 Non-Qualified Transactions (Rate 3)		_____	_____
#3 _____		_____	_____
#4 MAINTENANCE FEE (HR ONLY)		_____	\$69.85
#5 _____ % of Volume and/or \$ _____ per Item		_____	MONTHLY

1) Mid-qualified transactions (Rate 2) will be assessed 1.13% above the qualified discount rate (excluding approved 20% Plus Keyed Merchants). Non-qualified transactions will be assessed 1.80% (Rate 3) above the qualified discount rate. Corporate Cards and Corporate Purchased Cards will be assessed 1.80% above the qualified discount rate. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. Yes
Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

► My Merchants Benefits Club

The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month. Initials: X *[Signature]*

► Next Day Funding

Next Day Funding* _____ Per Month (POS Device batch must be closed by 8pm EST/6pm PST)

*Next Day Funding is subject to approval. All payments are provisional and are subject to, including but not limited to, additional fees, chargebacks, withholding, set off, security and reserve rights. Cynergy Data or Bank will not be liable for any delay in receipt of funds, fees for any delays, or errors in debit and credit entries caused by third parties, including but not limited to, any Association or your financial institution. For more information, see Section 5. "Settlement of Card Transactions" of this agreement.

NOTES

► American Express

Estimated Annual American Express Charge Volume \$ _____		Average Ticket \$ _____
<input type="checkbox"/> American Express ESA	Existing ESA \$ _____	Merchant CAP _____
	Discount Rate _____ %	Per Transaction Fee \$ _____
OR	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____
[] 57.65/month option for merchants under \$5,000 -- mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)		
<input type="checkbox"/> New American Express OnePoint	Discount Rate _____ %	Per Transaction Fee \$ _____
	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.
 Card Not Present (CNP) Fee: 0.30% Downgrade
 Inbound Fee: 0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC. and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC. and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-328-6200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC. to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <https://www.americanexpress.com/corporatesite/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC. servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____ Date: _____

► Debit/Credit Authorization – Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA # 8012

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.99

AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X  2/13/15

#1 From Application – Signature

Date

X #2 From Application – Signature

Date

► For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Desert Gecko, LLC

Print Legal Name of Merchant Business

X  2/13/15

#1 From Application – Signature Date

X #2 From Application – Signature Date

X Accepted by Processor Date

X Accepted by BMO Harris Bank N.A. Chicago, IL Date

CardFlex™

Mall, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your Web site has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund/Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing Listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements.

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochures, promotional materials, product catalogue, etc. How will the product be advertised or promoted?

If advertising on the Internet, list Web site address: www.todayswhiteningtrend.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statements)

D G W H I T E • T P N D 8 0 0 4 3 0 6 3 2 9

List name(s) and address(es) of vendor from which the product is purchased:

Rapid Color Printing, 445 Karm's Park Ct, Las Vegas, NV 89118

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

KeyGO, 15185 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold:	USA, Canada, UK, Australia
--	----------------------------

List carrier services that will deliver product or service: USPS

What is your return or refund policy? 30 days, with RMA and account cancellation

How does the customer order the product or service? www.todayswhiteningtrend.com

When you receive an authorization, how long before merchandise is shipped or services are provided?

0-3 days

Do you perform recurring monthly billing?

Yes

Is your database collecting entire credit card numbers?

No

This amendment is made by and between Harris, N.A., Chicago IL ("Bank") and Meridian Bank of Devon, PA ("Bank" and the undersigned "MERCHANT" and subject to the approval of BANK.

WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into Harris, N.A., Chicago, IL ("Bank") VISA/MasterCard Processing Agreement ("Agreement").

NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 2/13/15

OWNER/OFFICER
Sarah Austin

Print Name

Authorized Harris, N.A. Agent

Print Name

Desert Gecko 01/15
1 E Washington St, Suite 300
Phoenix, AZ 85004

FIRSTBANK
82-504/1070

1000

PAY TO THE
ORDER OF _____

\$

DOLLARS

MEMO

VOID

1000 1000

8012

Desert Gecko

1000

Desert Gecko

1000

**MEMBERSHIP INTEREST ASSIGNMENT
DESERT GECKO, LLC, an Arizona Limited Liability Company**

September 30, 2014

FOR VALUE RECEIVED, Angie Lint hereby assigns, transfers, and conveys unto to Sarah Austin effective as of the close of the Company's business on the date hereof, all of the undersigned's right title and interest in and to her membership interest in Desert Gecko, LLC, an Arizona limited liability company (the "Company"), which membership interest represents 80% of all membership interests in the Company, and hereby irrevocably constitutes and appoints the new Manager of the Company, Sarah Austin, as the undersigned's attorney-in-fact to transfer the membership interest on the books and records of the Company with full power of substitution.

DermaGlam, LLC, an Arizona limited liability company, owns 20% of the membership interests of the Company and Sarah Austin now owns 80% of the membership interests of the Company.

Angie R Lint
Angie Lint

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2012, or tax year beginning MAR 23 2012 ending DEC 31 2012
EXTENSION GRANTED TO 09/16/13**2012**

A Principal business activity CREDIT CARD PROCESSING		Name of partnership DESERT GECKO, LLC	D Employer identification number 45-5076414
B Principal product or service CREDIT CARD PROCESSING		Number, street, and room or suite no. if a P.O. box, see the instructions. 1 E. WASHINGTON STREET, SUITE 500	E Date business started 03/23/2012
C Business code number 525990		City or town, state, and ZIP code PHOENIX AZ 85034	F Total assets \$ 2,791.

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► **2**

J Check if Schedules C and M-3 are attached

Caution. *Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

Income	1 a Gross receipts or sales	1a	22,827.	1c 20,998.
	b Returns and allowances	1b	1,829.	
	c Balance. Subtract line 1b from line 1a			
	2 Cost of goods sold (attach Form 1125-A)			
	3 Gross profit. Subtract line 2 from line 1c			
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			
7 Other income (loss) (attach statement)			2	
8 Total income (loss). Combine lines 3 through 7			3	
9 Salaries and wages (other than to partners) (less employment credits)			4	
10 Guaranteed payments to partners			5	
11 Repairs and maintenance			6	
12 Bad debts			7	
13 Rent			8	
14 Taxes and licenses			9	
15 Interest			10	
16 a Depreciation (if required, attach Form 4562)	16a		11	
b Less depreciation reported on Form 1125-A and elsewhere on return	16b		12	
17 Depletion (Do not deduct oil and gas depletion.)			13	
18 Retirement plans, etc.			14	
19 Employee benefit programs			15	
20 Other deductions (attach statement)			16	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			17	
22 Ordinary business income (loss). Subtract line 21 from line 8			18	
			19	
			20	
			21	
			22	

SEE STATEMENT 1

SEE STATEMENT 2

Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9	2,500.	1c 20,998.
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13	949.	
	14 Taxes and licenses	14	269.	
	15 Interest	15		
	16 a Depreciation (if required, attach Form 4562)	16a		
b Less depreciation reported on Form 1125-A and elsewhere on return	16b			
17 Depletion (Do not deduct oil and gas depletion.)	17			
18 Retirement plans, etc.	18			
19 Employee benefit programs	19			
20 Other deductions (attach statement)	20	17,507.		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21	21,225.		
22 Ordinary business income (loss). Subtract line 21 from line 8	22	-227.		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of general partner or limited liability company member manager			Date	

Paid Preparer Use Only	Print/Type preparer's name CRAIG CHANEY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00163210
	Firm's name ► BROCK AND COMPANY, CPAS, P.C.			Firm's EIN ► 84-0930288	
	Firm's address ► 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501			Phone no. 303-776-2160	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2012)

211001
12-31-12

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	<input type="checkbox"/> Domestic general partnership	<input type="checkbox"/> Domestic limited partnership	Yes	No
	<input checked="" type="checkbox"/> Domestic limited liability company	<input type="checkbox"/> Domestic limited liability partnership		
	<input type="checkbox"/> Foreign partnership	<input type="checkbox"/> Other ►		
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?				X
3 At the end of the tax year:				
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X
4 At the end of the tax year, did the partnership:				X
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below				
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details				X
6 Does the partnership satisfy all four of the following conditions?				
a The partnership's total receipts for the tax year were less than \$250,000.				
b The partnership's total assets at the end of the tax year were less than \$ 1 million.				
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.				
d The partnership is not filing and is not required to file Schedule M-3				X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.				
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?				X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?				X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?				X
10 At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ►				X

Form 1065 (2012)

Form 1065 (2012) DESERT GECKO, LLC

45-5076414 Page 3

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions	<input type="checkbox"/>	X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	<input type="checkbox"/>	X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ► <input type="checkbox"/>	<input type="checkbox"/>	
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?	<input type="checkbox"/>	X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See Instructions ►	<input type="checkbox"/>	
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►	<input type="checkbox"/>	X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►	<input type="checkbox"/>	
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See Instructions	<input type="checkbox"/>	X
b If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►	<input type="checkbox"/>	
20 Enter the number of partners that are foreign governments under section 892. ►	<input type="checkbox"/>	

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ► DERMAGLAM, LLC	Identifying number of TMP ► 80-0799975
If the TMP is an entity, name of TMP representative ► BLAIR MCNEA	Phone number of TMP ►
Address of designated TMP ► 7702 E DOUBLETREE RANCH RD, SUITE 300 SCOTTSDALE, AZ 85258	

Form 1065 (2012)

211021
12-31-12

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2013, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/15/14**2013**

A Principal business activity CREDIT CARD PROCESSING	Name of partnership DESERT GECKO, LLC	D Employer identification number 45-5076414
B Principal product or service CREDIT CARD PROCESSING	Number, street, and room or suite no. if a P.O. box, see the instructions. 1 E. WASHINGTON STREET, SUITE 500	E Date business started 03/23/2012
C Business code number 525990	City or town, state or province, country, and ZIP or foreign postal code PHOENIX AZ 85034	F Total assets \$ 938.

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► **2**

J Check if Schedules C and M-3 are attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	530,488.	
	b Returns and allowances	1b	109,740.	
	c Balance. Subtract line 1b from line 1a	1c	420,748.	
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3	420,748.	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
	7 Other income (loss) (attach statement)	7		
	8 Total income (loss). Combine lines 3 through 7	8	420,748.	
	9 Salaries and wages (other than to partners) (less employment credits)	9	3,000.	
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13	1,825.	
	14 Taxes and licenses	14	378.	
	15 Interest	15		
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		
	17 Depletion (Do not deduct oil and gas depletion.)	16c		
18 Retirement plans, etc.	17			
19 Employee benefit programs	18			
20 Other deductions (attach statement)	19			
SEE STATEMENT 1	20	415,570.		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21	420,773.		
22 Ordinary business income (loss). Subtract line 21 from line 8	22	-25.		

Deductions (see the instructions for limitations)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	May the IRS discuss this return with the preparer shown below (see Instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Sign Here	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRAIG CHANEY				P00163210
	Firm's name ► BROCK AND COMPANY, CPAS, P.C.				Firm's EIN ► 84-0930288
	Firm's address ► 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501				Phone no. 303-776-2160

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2013)

311001
12-18-13

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No																																								
a <input type="checkbox"/> Domestic general partnership b <input type="checkbox"/> Domestic limited partnership																																										
c <input checked="" type="checkbox"/> Domestic limited liability company d <input type="checkbox"/> Domestic limited liability partnership																																										
e <input type="checkbox"/> Foreign partnership f <input type="checkbox"/> Other ►																																										
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?	X																																									
3 At the end of the tax year:																																										
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X																																									
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X																																									
4 At the end of the tax year, did the partnership:																																										
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below	X																																									
<table border="1"> <thead> <tr> <th>(I) Name of Corporation</th> <th>(II) Employer Identification Number (if any)</th> <th>(III) Country of Incorporation</th> <th>(IV) Percentage Owned in Voting Stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			(I) Name of Corporation	(II) Employer Identification Number (if any)	(III) Country of Incorporation	(IV) Percentage Owned in Voting Stock																																				
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10 At any time during calendar year 2013, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country. ►	X																																									

Form 1065 (2013)

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions	<input type="checkbox"/>	X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	<input type="checkbox"/>	X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ► <input type="checkbox"/>	<input type="checkbox"/>	
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?	<input type="checkbox"/>	X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►	<input type="checkbox"/>	
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►	<input type="checkbox"/>	X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►	<input type="checkbox"/>	
18a Did you make any payments in 2013 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/>	X
b If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►	<input type="checkbox"/>	
20 Enter the number of partners that are foreign governments under section 892. ►	<input type="checkbox"/>	

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ► DERMAGLAM, LLC	Identifying number of TMP ► 80-0799975
If the TMP is an entity, name of TMP representative ► BLAIR MCNEA	Phone number of TMP ►
Address of designated TMP ► 7702 E DOUBLETREE RANCH RD, SUITE 300 SCOTTSDALE, AZ 85258	

PX11

PPS Attachment E

Doing What's Possible Account Documents

MERCHANT APPLICATION



GMA
Global Merchant Advisors

Merchant # _____
 New Location Additional Location
 3008 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034
 310-220-0624 • Fax 310-602-6282
www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now? Yes No

By checking you and signing this application and agreement, you indicate your acceptance of the Greenlane GreenSide and DonateWiseNow Program terms and conditions.

Failure to provide accurate information may result in withholding of merchant funding per IRS regulations.

Legal Name (as it appears on your income tax return):

Doing What's Possible, LLC

Name of Account (Doing Business As):

www.youththeresults.com

Legal Address:

701 North Green Valley Parkway

Physical Street Address (No P.O. Box):

701 North Green Valley Parkway

City: Henderson State: NV Zip: 89074

City: Henderson State: NV Zip: 89074

Phone #: (702) 990-3225 Contact: Tarea Dobie

DBA Phone #: (877) 766-5978 Fax #: ()

Must Choose One Mailing Address:

DBA Address Legal Address tarea@youththeresults.com

Website Address:

www.youththeresults.com

Federal Tax # (as it appears on your income tax return) # of Locations Years in Business

4 5 2 6 9 7 5 0 6 1 9 months

Years Owned Business
9 months

Place of Legal Formation:

Nevada

Country of Primary Business Operations:
USA

Bank Reference: JPMorgan Chase, NA Contact: Julio Jauregui Phone #: (702) 259-0798

For Owners or Officers, Individual Ownership Must be Equal to or Greater than 50%.

Name: 1. Tarea Dobie Title: Manager Date of Birth: [REDACTED] Applicant's SS #: [REDACTED] % Equity Ownership: 80 %

Residence Address: [REDACTED] City: Boulder State: CO Zip: 80304 # Years: 16

US Government Issued ID#: Type of ID: CO Drivers License Expiration Date: [REDACTED] 2016 Country of Citizenship (if not US): [REDACTED] Home Phone: ()

Name: 2. [REDACTED] Title: [REDACTED] Date of Birth: [REDACTED] Applicant's SS #: [REDACTED] % Equity Ownership

Residence Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] # Years: [REDACTED]

US Government Issued ID#: Type of ID: [REDACTED] Expiration Date: [REDACTED] Country of Citizenship (if not US): [REDACTED] Home Phone: ()

Business Profile

Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Government
 Corporation (Publicly Traded) Corporation (Privately Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other

Type of Goods or Services Sold: www.youththeresults.com

SIC Code: [REDACTED]

Do you currently accept Discover®/MasterCard®? Name of Current Processor:

Yes No Power Pay

Has Merchant or any associated principal disclosed below that is currently bankrupt or been subject to involuntary bankruptcy? Yes Date: [REDACTED]

No

Sales Profile

Merchant Type:	Discover/MasterCard Sales Profile (Be Accurate):
<input type="checkbox"/> Retail	Card Swipe
<input type="checkbox"/> Restaurant	Manual Key Entry with Imprint, Card Present
<input type="checkbox"/> Lodging	Mail Order/Telephone
<input type="checkbox"/> Service	Internet
<input checked="" type="checkbox"/> Internet	100 %
<input type="checkbox"/> Home Based	Total = 100 %
<input type="checkbox"/> Other	

Trade Suppliers/Customers

Name: United One Int'l Labs Address: Farmers Branch, TX Contact: James Mitchell Phone #: (872) 490-3300

Name: TJ Richards Address: Englewood, CO Contact: Brandon Scott Phone #: (303) 772-6422

Site Survey Report To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residential Other
 Area Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No

If No, explain:

The Merchant: Owns Leases the Business Premises

Landlord Name & Phone #: *Webgistics - Anita Gomez*

Further Comments by Inspector (Must Complete)

photos included

866-983-7447

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by:

not physically Inspected

Office #: Representative #: Representative Signature: Date:

Taylor *x* *Taylor* *5-15-12*

White Copy - Bank • Pink Copy - Merchant

Page 1 of 10

Rev. 10/01/2011

Debit Card / ATM / MasterCard Standard Retail / High Risk Retail Rates			
Merchant Chooses to accept the following			
DISC/VS/MC (Other Cards) Discount Rate	1%		
VS/MC Discount Rate for Debit Cards	%		
AMEX Discount Rate	%		

Debit Card / ATM / MasterCard Standard Retail / High Risk Retail Rates			
Merchant Chooses to accept the following			
DISC/VS/MC (Other Cards) Discount Rate	1%		
VS/MC Discount Rate for Debit Cards	%		
AMEX Discount Rate	%		

Debit Card / ATM / MasterCard Standard Retail / High Risk Retail Rates			
Merchant Chooses to accept the following			
DISC/VS/MC (Other Cards) Discount Rate	1%		
VS/MC Discount Rate for Debit Cards	%		
AMEX Discount Rate	%		

Debit Card / ATM / MasterCard Standard Retail / High Risk Retail Rates			
Merchant Chooses to accept the following			
DISC/VS/MC (Other Cards) Discount Rate	1%		
VS/MC Discount Rate for Debit Cards	%		
AMEX Discount Rate	%		

Debit Card / ATM / MasterCard Standard Retail / High Risk Retail Rates			
Merchant Chooses to accept the following			
DISC/VS/MC (Other Cards) Discount Rate	4.49%		
VS/MC Discount Rate for Debit Cards	4.49%		
AMEX Discount Rate	37.95 Monthly		

Debit Card / ATM / MasterCard Standard Retail / High Risk Retail Rates			
Merchant Chooses to accept the following			
DISC/VS/MC Transaction Fee	0%	Per Item	
Non-Bankcard Transaction Fee	0%	Per Item	
Statement Fee	\$10.00	Monthly	
VMAS Online Service	Monthly		
Monthly Minimum	\$35.00	Monthly	
Annual Fee	\$29.00	Per Year	
Debt Transaction Fee Plus Network Fees	Per Item		
EMI Transaction Fee	\$3.00	Monthly	
EBI Statement Fee	\$0.00	Monthly	
Batch Fee	\$0.25	Per Batch	
Manual Imprinter	One Time		
Chargeback Fee	\$35.00	Per Item	
ACH Reject Fee	\$25.00	Per Item	
Referral Fee	\$5.00	Per Item	
Voice Authorization Fee	\$0.95	Per Call	
Gateway Access Fee	\$10.00	Monthly	
AVS Surcharge	\$0.18	Per Item	
Government Compliance Fee	\$0.05	Monthly	
TIN Mismatch Fee	\$325.00	Until Validated	
Early Termination Fee	\$495.00	One Time	
Mac Fees	Start Mo/Yr	Amount	Terms
G1 SPB - Setup Fee		\$10.00	One-Time
G2 SPB - Monthly Fee		\$150.00	Monthly

I understand and agree that while my discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches cleared daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Processing fees include Visa Accounting Processing Fee, Visa Fee Identification Fee, Visa Merchant Access Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, Visa Acquirer Program Support Fee, MC Cross Border Fee, and the IAC Network Access and Band Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? _____
Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests _____

Merchant Benefits CMB

I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.95 per terminal/terminal per month. Inside:

American Express

By signing below, I represent that I have read and am authorized to sign and submit the application for the above entity which agrees to be bound by the American Express' Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express' agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose authorized by law. I authorize and direct ESA and American Express and American Express' agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and advertising purposes. I understand that upon American Express' approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express' Card acceptance program.

Rate - \$3.10 Trans. Fee + 0.30% CMP OverGrace Services

Signature: _____

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information

Merchant authorizes Cynergy Data LLC ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such function under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and its check guarantee fees and amounts due for supplies and services. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: _____ 5182

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BMO or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT from any of the undersigned individual credit or financial responsible. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: \$7.00

AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or denied settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant Processor shall not be responsible for any change in granted terms unless specifically agreed to or writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. These provisions must be read before signing. By signing below you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary participant to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s) by signing this Agreement, jointly and severally, unconditionally and irrevocably personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, nor by their heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is a consideration for the guarantee, and that the guarantee remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guarantee.

AGREED AND ACCEPTED:

Three Dots

5/11/2012

#1 From Application - Signature

Date

#2 From Application - Signature

Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

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Page 2 of 10

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements!

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.youthfsolutions.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

d w p * y o u + h f x 8 7 1 7 6 6 5 9 1 8

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and TJ Richards Longmont, CO

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Webglistix, 880 Wigwam Pkwy., #120, Henderson, NV 89014

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? Yes No If Yes, Monthly Quarterly Bi-annual Annual
Is your database collecting entire credit card numbers? Yes No If Yes, are you PCI compliant? Yes No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ("Bank"), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of products/services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL (Bank) VISA/MasterCard Processing Agreement (Agreement). NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

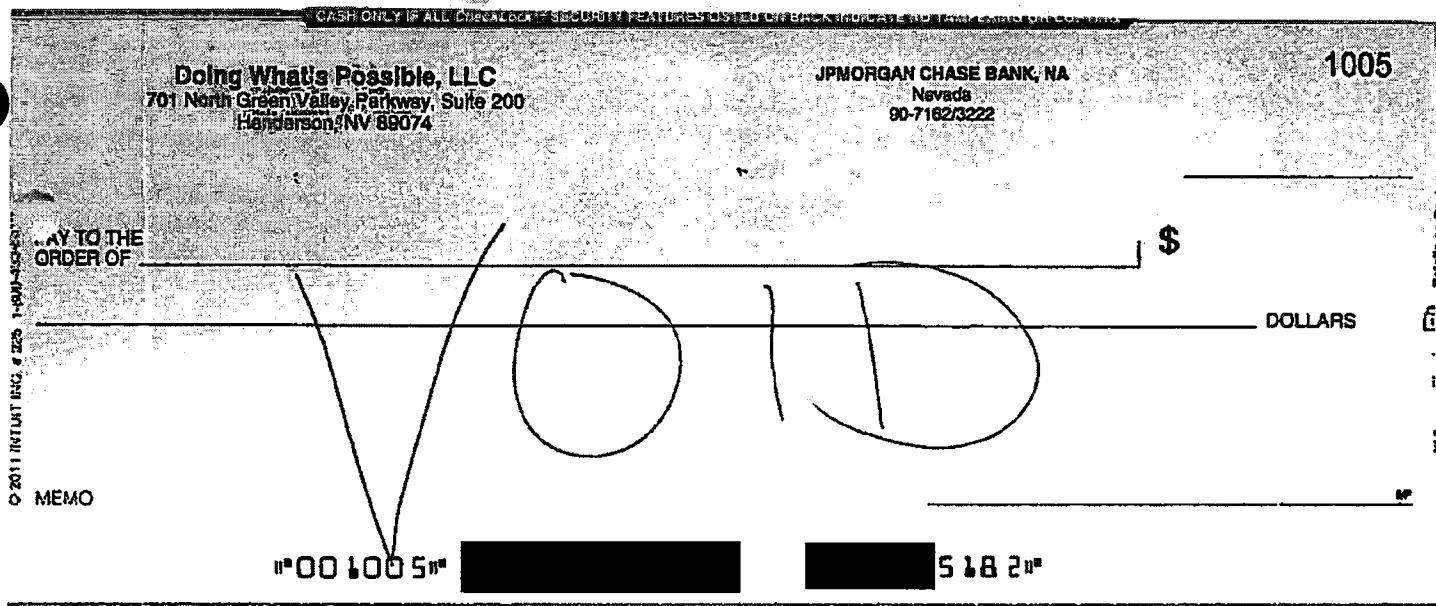
DATE: 5/11/2012

Taree Dabie
OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Taree Dabie
Print Name

Print Name



Doing What's Possible, LLC

1005

Doing What's Possible, LLC

1005

PAYMENT
RECORD





TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 5/17/12 19:02 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID: [REDACTED]
 SSN: [REDACTED]
 Name: dobie, taree
 Current Address: [REDACTED]

DOBIE, TAREE D.

Also Known As:

SSN: [REDACTED]

Phone:

In File Since: 4/04

Date of Birth: [REDACTED] /85

Current Address:

BOULDER CO. 80304

Reported 1/07

Previous Address:

BOULDER CO. 80304

Previous Address:

ERIE CO. 80516

EMPLOYMENT

CONVERTIS LLC

Position: CUSTOMER
SERVICEStart:
End:In File Since: 3/08
Effective: 3/08

SCORING

Type

Score

Explanation

CREDIT INFORMATION Summary (Total History)

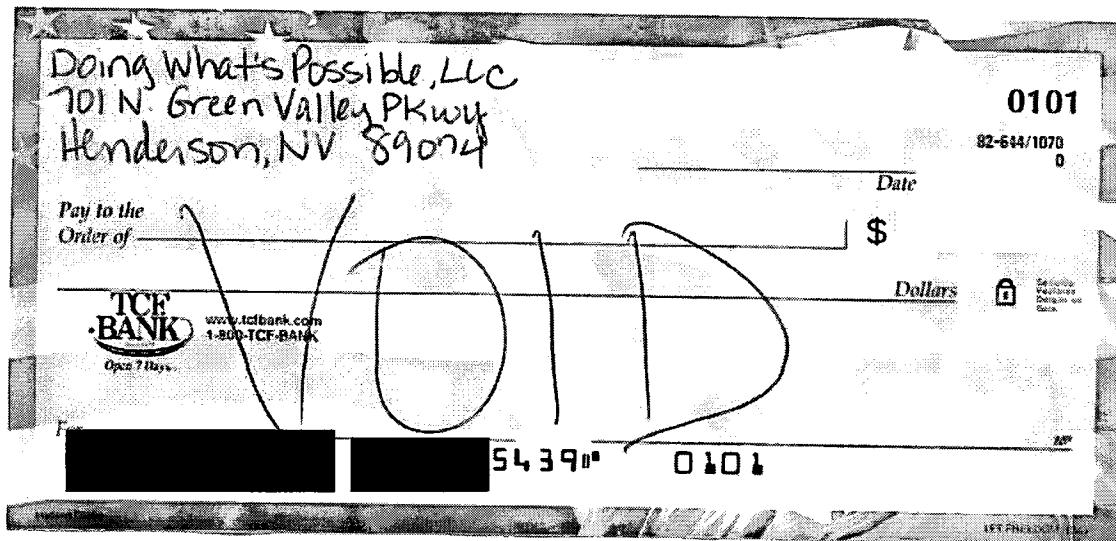
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



PX11

PPS Attachment F

Doing What's Possible Account Documents

MERCHANT APPLICATION



Merchant

New Location Additional Location

2900 Bristol Street • F-201 • Costa Mesa, CA 92626

Tel: 866.634.3044

www.cardflexnow.com

Merchant Accepts GreenSuite – DonorWiseNow Yes No

By checking yes and signing this application and agreement, you indicate your acceptance of the GreenSuite GreenSuite and DonorWiseNow Program terms and conditions.

► Business Information

Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SSN/Employee Identification Number (EIN) letter to avoid fees and income withholding by the IRS.

Legal Name (as it appears on your income tax return):
Doing What's Possible, LLCName of Account (Doing Business As):
Smile Vitalize OnlineLegal Address:
701 North Green Valley Parkway, Ste 200Physical Street Address (No P.O. Box):
701 North Green Valley Parkway, Ste 200

City: Henderson State: NV Zip: 89074

City: Henderson State: NV Zip: 89074

Phone #: (702) 990-3225 Contact: Taree Dobie

DBA Phone #: (800) 627-1650 Fax #: (303) 530-0774

Must Choose One Mailing Address:

 DBA Address Legal Address

E-Mail Address: taree@smilevitalizeonline.com

Website Address:
www.smilevitalizeonline.com

Federal Tax #: 415121691751018

of Locations 1

Years in Business 3.5

Years Owned Business 3.5

Place of Legal Formation: Nevada

Country of Primary Business Operations:
USA

Bank Reference: First Bank

Contact: Phone #: (303) 530-1000

► Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%

Name: 1. Taree Dobie Title: Manager Date of Birth: 7/85 Applicant's SS #: % Equity Ownership: 80Residence Address: City: Lafayette State: CO Zip: 80026 # Years: 7US Government Issued ID #: Type of ID: CO DL Expiration Date: 9/4/16 Country of Citizenship (if not US): Home Phone: Name: 2 Title: Date of Birth: Applicant's SS #: % Equity Ownership: Residence Address: City: State: Zip: # Years: US Government Issued ID #: Type of ID: Expiration Date: mmm/dd/yyyy Country of Citizenship (if not US): Home Phone:

► Business Profile

Type of Ownership: Sole Proprietor Assoc/Estate/Trusts Joint Venture Government
 Corporation (Privately Traded) Corporation (Publicly Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other

Type of Goods or Services Sold: SIC Code:

teeth whitening

Do you currently accept Discover®/Visa/MasterCard? Yes No

(If yes you should attach 3 current month statements)

Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? Yes Date:
 No

► Business Trade Suppliers – List Two

Name: Rapid Color Printing Address: 6445 Kams Park Ct, Las Vegas Contact: Kat Cruz Phone #: (702) 792-6055

Name: Verifit Address: 8391 Beverly Blvd., Box #310, L.A., CA Contact: Shane Lynch Phone #: (323) 665-5789

► Merchant Site Survey Report – To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residence Other
 Area Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No
 If No, explain: The Merchant: Owns Leases the Business Premises Landlord Name & Phone #:

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: Office #: Representative #: Representative Signature: Date:

X

White Copy – Bank • Pink Copy – Merchant

CardFlex Inc. is a registered ISO/MS of BMO Harris Bank, N.A., Chicago, IL

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Page 1 of 13

<input checked="" type="checkbox"/> Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates		<input checked="" type="checkbox"/> Mail / Phone / Internet / Touchtone Rates																																																																																									
Merchant Chooses to accept the following:		Merchant Chooses to accept the following:																																																																																									
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1) Mid-qualified transactions (Rate 2) will be assessed 1.13% above the qualified discount rate (excluding approved 20% Plus Keyed Merchants). Non-qualified transactions will be assessed 1.80% (Rate 3) above the qualified discount rate. Corporate Cards and Corporate Purchased Cards will be assessed 1.80% above the qualified discount rate. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. Yes
Give named address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

► My Merchants Benefits Club

The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month. Initials: X 

► Next Day Funding

Next Day Funding* _____ Per Month (POS Device batch must be closed by 8pm EST/6pm PST)

*Next Day Funding is subject to approval. All payments are provisional and are subject to, including but not limited to, additional fees, chargebacks, withholding, set off, security and reserve rights. Cynergy Data or Bank will not be liable for any delay in receipt of funds, fees for any delays, or errors in debit and credit entries caused by third parties, including but not limited to, any Association or your financial institution. For more information, see Section 5. "Settlement of Card Transactions" of this agreement.

NOTES

► American Express

Estimated Annual American Express Charge Volume \$	Average Ticket \$	
<input type="checkbox"/> American Express ESA	Existing ESA \$	Merchant CAP
	Discount Rate %	Per Transaction Fee \$
OR	PrePaid Discount Rate %	PrePaid Per Transaction Fee \$
[<input type="checkbox"/> \$7.95/month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)]		
<input type="checkbox"/> New American Express OnePoint	Discount Rate %	Per Transaction Fee \$
	PrePaid Discount Rate %	PrePaid Per Transaction Fee \$

All fees are applicable to OnePoint and ESA unless otherwise stated.
 Card Not Present (CNP) Fee: 0.30% Downgrade
 Inbound Fee: 0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC. and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC. and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-528-5200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC. to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <https://www.mybackofficetools.com/corporate/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC. servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____ Date: _____

► Debit/Credit Authorization – Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing house authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 6180

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$30.00

AVERAGE MONTHLY VOLUME: \$50,000.00

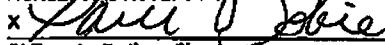
Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 16.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of the MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant and its principals and Processor and Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the Inducement to Processor and Bank to enter into this agreement is consideration for the guarantee, and that this guarantee remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guarantee.

AGREED AND ACCEPTED:

 2/13/15

#1 From Application – Signature

Date

X

#2 From Application – Signature

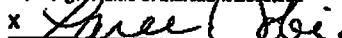
Date

► For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Doing What's Possible, LLC

Print Legal Name of Merchant Business

X  2/13/15

#1 From Application – Signature

Date

X

#2 From Application – Signature

Date

X

Accepted by Processor

Date

X

Accepted by BMO Harris Bank N.A. Chicago, IL

Date

CardFlex™

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your Web site has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund/Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing Listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements.

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochures, promotional materials, product catalogue, etc. How will the product be advertised or promoted?

If advertising on the Internet, list Web site address: www.smilevitalizeonline.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statements)

D W P - S M I L E V 8 0 0 6 2 7 1 6 5 0

List name(s) and address(es) of vendor from which the product is purchased:

Rapid Color Printing, 445 Karns Park Ct, Las Vegas, NV 89118

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

RevGo, 7545 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold:

USA, Canada, UK, Australia

List carrier services that will deliver product or service:

USPS

What is your return or refund policy?

30 days, with RMA and account cancellation

How does the customer order the product or service?

www.smilevitalizeonline.com

When you receive an authorization, how long before merchandise is shipped or services are provided?

0-3 days

Do you perform recurring monthly billing?

Yes

Is your database collecting entire credit card numbers?

No

This amendment is made by and between Harris, N.A., Chicago IL ("Bank") and Meridian Bank of Devon, PA ("Bank" and the undersigned "MERCHANT" and subject to the approval of BANK.

WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into Harris, N.A., Chicago, IL ("Bank") VISA/MasterCard Processing Agreement ("Agreement").

NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

Taree Dable

DATE: 2/13/15

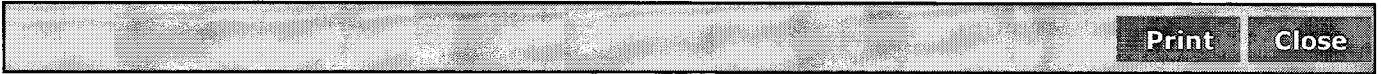
OWNER/OFFICER

Authorized Harris, N.A. Agent

Taree Dable

Print Name

Print Name

Print

Close

DATE 2-20-2015 TIME 17:28:43 V301 TCO1

*TAREE D DOBIE SS: [REDACTED] E: CONVERTIS LLC

* [REDACTED] YOB: 1985 [REDACTED]

ERIE CO 805167027 BOULDER CO 80301

RPTD: 4-12 TO 1-14 U 11X RPTD: 7-08 TO 9-10 U

[REDACTED]

[REDACTED]

[REDACTED]

----- FRAUD SHIELD SUMMARY -----

[REDACTED]

[REDACTED]

[REDACTED]

----- PROFILE SUMMARY -----

[REDACTED]

[REDACTED]

[REDACTED]

----- SCORE SUMMARY -----

[REDACTED]

[REDACTED]

----- TRADES -----

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1065
Form
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership IncomeFor calendar year 2012, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/16/13

OMB No. 1545-0099

2012

A Principal business activity CREDIT CARD PROCESSING	Name of partnership DOING WHAT'S POSSIBLE, LLC	D Employer identification number 45-2697508
B Principal product or service CREDIT CARD PROCESSING	Print or type Number, street, and room or suite no. If a P.O. box, see the instructions. 701 NORTH GREEN VALLEY PRKwy, STE 200	E Date business started 07/06/2011
C Business code number 525990	City or town, state, and ZIP code HENDERSON NV 89074	F Total assets \$ 10,132.
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)		
H Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 2		
J Check if Schedules C and M-3 are attached <input type="checkbox"/>		

Caution. *Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

Income	1 a Gross receipts or sales	1a 173,596.	Deductions (see the instructions for limitations)	SEE STATEMENT 1
	b Returns and allowances	1b 18,980.		
	c Balance. Subtract line 1b from line 1a	1c 154,616.		
	2 Cost of goods sold (attach Form 1125-A)	2 154,616.		
	3 Gross profit. Subtract line 2 from line 1c	3 154,616.		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
	7 Other income (loss) (attach statement)	7		
	8 Total income (loss). Combine lines 3 through 7	8 154,616.		
	9 Salaries and wages (other than to partners) (less employment credits)	9 3,000.		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13 3,429.		
	14 Taxes and licenses	14 323.		
	15 Interest	15		
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		
	17 Depletion (Do not deduct oil and gas depletion.)	17		
18 Retirement plans, etc.	18			
19 Employee benefit programs	19			
20 Other deductions (attach statement)	20 147,428.			
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21 154,180.			
22 Ordinary business income (loss). Subtract line 21 from line 8	22 436.			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

May the IRS discuss this return
with the preparer shown below
(see instr.)? Yes No

Sign Here	Signature of general partner or limited liability company member manager			Date
Paid Preparer Use Only	Print/Type preparer's name CRAIG CHANEY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed P00163210
	Firm's name BROCK AND COMPANY, CPAS, P.C.	Firm's EIN ► 84-0930288		
	Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501	Phone no. 303-776-2160		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2012)

211001
12-31-12

1065
Form
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0099

For calendar year 2013, or tax year beginning **EXTENSION GRANTED TO 09/15/14** ending **2013**

A Principal business activity CREDIT CARD PROCESSING	Name of partnership DOING WHAT'S POSSIBLE, LLC	D Employer identification number 45-2697508
B Principal product or service CREDIT CARD PROCESSING	Type of Print Number, street, and room or suite no. If a P.O. box, see the instructions. 701 NORTH GREEN VALLEY PRKwy, STE 200	E Date business started 07/06/2011
C Business code number 525990	City or town, state or province, country, and ZIP or foreign postal code HENDERSON NV 89074	F Total assets \$ 5,805.

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return (6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► **2**

J Check if Schedules C and M-3 are attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a 944,374.	760,207.
	b Returns and allowances	1b 184,167.	
	c Balance. Subtract line 1b from line 1a	1c	
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3 760,207.	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7 Other income (loss) (attach statement)	7		
8 Total income (loss). Combine lines 3 through 7	8 760,207.		
9 Salaries and wages (other than to partners) (less employment credits)	9 3,000.		
10 Guaranteed payments to partners	10		
11 Repairs and maintenance	11		
12 Bad debts	12		
13 Rent	13 3,141.		
14 Taxes and licenses	14 310.		
15 Interest	15		
16 a Depreciation (if required, attach Form 4562)	16a		
b Less depreciation reported on Form 1125-A and elsewhere on return	16b		
17 Depletion (Do not deduct oil and gas depletion.)	17		
18 Retirement plans, etc.	18		
19 Employee benefit programs	19		
20 Other deductions (attach statement)	20 753,729.		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21 760,180.		
22 Ordinary business income (loss). Subtract line 21 from line 8	22 27.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see inst.)?	
Sign Here	Signature of general partner or limited liability company member manager	Date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name CRAIG CHANEY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00163210
	Firm's name ► BROCK AND COMPANY, CPAS, P.C.		Firm's EIN ► 84-0930288		
	Firm's address ► 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501		Phone no. 303-776-2160		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2013)

FULFILLMENT SERVICES AGREEMENT

This Fulfillment Services Agreement ("Agreement") is made and effective January 5, 2015, ("Effective Date").

BETWEEN: RevGo (the "RevGo"), a limited liability company organized and existing under the laws of the state of Nevada, with its head office located at:

7565 Commercial Way
Unit E
Henderson, NV 89011

AND: Doing What's Possible, LLC (the "Doing What's Possible"), a limited liability company organized and existing under the laws of Nevada with its head office located at:

701 North Green Valley Parkway
Suite 200
Henderson, NV 89074

WITNESSETH:

WHEREAS, Doing What's Possible is in the business of developing, producing, marketing and selling products direct to consumers;

WHEREAS, Doing What's Possible is interested in using RevGo's services to fulfill certain obligations and RevGo desires to fulfill such obligations, in accordance with the terms and conditions set forth below.

WHEREAS, RevGo desires to provide the fulfillment services to Doing What's Possible on the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises herein contained and other good and valuable consideration the sufficiency of which is acknowledged, the parties, each intending to be legally bound, hereby agree as follows:

1. SCOPE OF THE AGREEMENT

During the term of this Agreement, RevGo shall perform certain services for Doing What's Possible including, without limitation, receipt, put away, storage, order selection, shipment, processing of returns, related customer service and administrative functions and other services described in the attachments to this Agreement (collectively, the "Services"). RevGo shall provide all personnel and shall perform the Services in a good and efficient manner. RevGo shall supply all necessary training to employees and staff members working within the fulfillment facility located at 7565 Commercial Way, Unit E, Henderson, NV 89011 (the "Facility").

2. INDEPENDENT CONTRACTOR STATUS

This Agreement does not constitute a hiring by either party. It is the parties' intention that RevGo be an independent contractor and not be an employee for any purposes including, but not limited to, Nevada State laws. RevGo shall retain sole and absolute discretion in the manner and means of carrying out their activities and responsibilities under this Agreement. This Agreement shall not be considered or construed

and effect without being impaired or invalidated in any way. This Agreement shall not be terminated by the merger or consolidation of Doing What's Possible into or with any other entity.

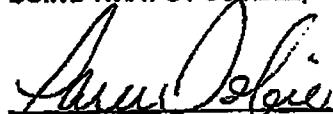
25. GOVERNING LAW

a. This Agreement shall be governed by, and construed under, the laws of the state of Nevada.

26. COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

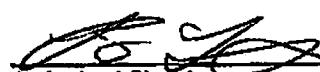
DOING WHAT'S POSSIBLE, LLC



Authorized Signature

Taree Dobie, Manager

RevGo, LLC



Authorized Signature

Brian Lint, Manager

PX11

PPS Attachment G

How and Why Account Documents

MERCHANT APPLICATION							
 GMA Global Merchant Advisors		Merchant # _____ <input checked="" type="checkbox"/> New Location <input type="checkbox"/> Additional Location 3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034 310-220-0624 • Fax 310-602-6282 www.globalmerchantadvisors.com					
Merchant Accepts Donate Wise Now? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwich GreenSlate and DonateWiseNow Program terms and conditions.</small>							
► Business Information <small>(See Terms and Conditions for further information)</small> <small>Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations.</small>							
Legal Name (as it appears on your income tax return): How and Why LLC		Name of Account (Doing Business As): 20 Minute Beauty Mobile					
Legal Address: 2850 W Horizon Ridge Pkwy, Suite 200		Physical Street Address (No P.O. Box): 2850 W Horizon Ridge Pkwy, Suite 200					
City: Henderson		State: NV	Zip: 89052	City: Henderson		State: NV	Zip: 89052
Phone #: (702) 430-4574		Contact: Mark Santiago		DBA Phone #: (888) 528-8669		Fax #: ()	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: mark@20minuteteautymobile.com		Website Address: www.20minuteteautymobile.com			
Federal Tax # <small>(as it appears on your income tax return)</small>		# of Locations 1	Years In Business 1.5	Years Owned Business 1.5			
Place of Legal Formation: Nevada		Country of Primary Business Operations: USA					
Bank Reference: JP Morgan Chase		Contact: Julio Jauregui Phone #: (702) 259-0795					
► Owners or Officers - Individual Ownership Must be Equal to or Greater than 50%							
Name: 1. Mark Santiago		Title: Manager	Date of Birth: 1984	Applicant's SS #:	% Equity Ownership: 80		
Residence Address:		City: Longmont	State: CO	Zip: 80503	# Years: 1		
US Government Issued ID#:		Type of ID: Driver's License	Expiration Date: 2014	Country of Citizenship (if not US):		Home Phone:	
Name: 2.		Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:		
Residence Address:		City:	State: Zip: # Years:				
US Government Issued ID#:		Type of ID:	Expiration Date:	Country of Citizenship (if not US):		Home Phone: ()	
► Business Profile						► Sales Profile	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other						Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other <small>Discover/Visa/MasterCard Sales Profile (Be Accurate):</small> Card Swipes % <small>Manual Key Entry with Imprint, Card Present</small> % <small>Mall Order/Telephone</small> % <small>Internet</small> 100 % <small>Total</small> 100%	
Type of Goods or Services Sold: <small>Skincare products</small>		SIC Code: 5963					
Do you currently accept Discover®/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, you should submit 3 current month's statements.)</small>		Name of Current Processor: RMS, Meritus					
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
► Business Trade Suppliers - List Two							
Name: TJ Richards		Address: Longmont, CO	Contact: Brandon Scott		Phone #: (303) 772-6422		
Name: United One Int'l Labs		Address: Farmer's Branch, TX	Contact: James Mitchell		Phone #: (972) 480-3300		
► Merchant Site Survey Report To Be Completed by Sales Representative							
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input checked="" type="checkbox"/> Office Building Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential		Internet <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? If No, explain:							
The Merchant: <input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises		Landlord Name & Phone #: Deans Dallas, TX					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.							
Verified and Inspected by: X							
Office #: 101712 Representative #: 101712 Representative Signature: 101712							
White Copy - Bank • Pink Copy - Merchant							
Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL							
Page 1 of 10 Rev. 2. 10/01/2011							

► Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:
 DISC/VIS/MC (Other Cards) Discount Rate: %
 VIS/MC Discount Rate for Debit Cards: %
 AMEX Discount Rate: %

► Fees

DISC/VIS/MC Transaction Fee: Per Item
 Non-Bankcard Transaction Fee: Per Item
 Statement Fee: Monthly
 VIMAS Online Service: Monthly
 Monthly Minimum: Monthly
 Annual Fee: Per Year
 Debit Transaction Fee Plus Network Fees: Per Item
 EBT Transaction Fee: Per Item
 EBT Statement Fee: Monthly
 Batch Fee: Per Batch
 Manual Imprinter: One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: Monthly
 AVS Surcharge: Per Item
 Government Compliance Fee: \$6.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time

Misc Fees: Start Mo/Yr: Amount: Terms:
 #1
 #2
 #3
 #4

1) We understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? Yes No. Give name / address: (examples include, but not limited to hosting companies, shipping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests

► Merchant Benefits Club

Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/peripheral per month. Initials: X

► American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services

Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

► Debit/Credit Authorization • Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for such agreements. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 908

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 36.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty • No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no benefit from the guaranty.

AGREED AND ACCEPTED

X

10/12/12

#1 From Application - Signature

X

Date

#2 From Application - Signature

X

Date

PPS Attachment G-2

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL PPSISL0808216 01/2011
 Page 7 of 10

► Mail / Phone / Internet / Touchtone Rates

Merchant Chooses to accept the following:
 DISC/VIS/MC (Other Cards) Discount Rate: %
 VIS/MC Debit Card Discount Rate: %
 AMEX Rate: \$7.95 Monthly

► Fees

DISC/VIS/MC Transaction Fee: Per Item
 Non-Bankcard Transaction Fee: Per Item
 Statement Fee: \$10.00 Monthly
 VIMAS Online Service: Monthly
 Monthly Minimum: Monthly
 Annual Fee: \$9.99 Per Year
 MOTO/Internet Surcharge: Per Item
 AVS Surcharge: \$10.00 Per Item
 Batch Fee: Per Batch
 Manual Imprinter: One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$26.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$5.00 Per Call
 Gateway Access Fee: Monthly
 Government Compliance Fee: \$6.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time

Misc Fees: Start Mo/Yr: Amount: Terms:
 #1 G2 SPM - Setup Fee \$160.00 One-Time
 #2 G2 SPM - Monthly Fee \$160.00 Monthly
 #3
 #4

ABA Routing:

AVERAGE MONTHLY VOLUME: 60,000

Print Legal Name of Merchant Business

X

10/12/12

#1 From Application - Signature

Date

X

Date

#2 From Application - Signature

Date

X

Date

Accepted by Processor

Date

X

Date

Accepted by BMO Harris Bank, N.A., Chicago, IL

Date

PPSISL0808216 01/2011

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.20minutebeautymobile.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

h w 2 0 m i n * b + y 8 8 8 5 2 8 8 5 6 9

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and TJ Richards Longmont, CO

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Uniper Solutions, 7251 W. Lake Mead Blvd., Ste. 300, Las Vegas, NV 89128 702-562-4218

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? Yes No If Yes, Monthly Quarterly Bi-annual Annual

Is your database collecting entire credit card numbers? Yes No If Yes, are you PCI compliant? Yes No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BAN

WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). NOW THEREFORE in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 10/12/12

OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Mark Santiago

Print Name

Print Name

How and Why, LLC
2850 W Horizon Ridge Parkway, Suite 200
Henderson, NV 89052

JPMORGAN CHASE BANK, NA
90-7162/3222

1001

1
Pay to the
Order of _____

\$

Dollars

No Rec

100 100 1

1908

How and Why, LLC

1001

How and Why, LLC

1001



HOW AND WHY LLC
2850 W HORIZON RIDGE PKWY STE 200
Henderson, NV 89052

09901

90-781211

DATE

PAY TO THE
ORDER OF



FOR

\$

DOLLARS

7100
PO BOX 105
NAPLES, FL 34104
1-800-460-2765

VOID

272510 09901

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 11/06/12 19:00 CT



TRANSUNION CONSUMER CREDIT REPORT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID: [REDACTED]
 SSN: [REDACTED]
 Name: Santiago, Mark
 Current Address: [REDACTED]
 longmont CO.80503

SANTIAGO, MARK A.

Also Known As: [REDACTED] SSN: [REDACTED] Phone: [REDACTED] In File Since: 5/03
 Date of Birth: [REDACTED] /84

Current Address: [REDACTED]

Previous Address: [REDACTED]

Previous Address: [REDACTED]

LONGMONT CO. 80503

LAFAYETTE CO. 80026

BROOMFIELD CO. 80020

Reported 4/12

Reported 12/07

EMPLOYMENT

CONVERTIS

Position: [REDACTED]

Start: [REDACTED]
End: [REDACTED]In File Since: 6/07
Effective: 6/07

SCORING

Type	Score	Explanation
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

CREDIT INFORMATION Summary (Total History)

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

TRADES

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Remarks:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	30	60	90		

PX11

PPS Attachment H

Indigo Systems Account Documents

MERCHANT APPLICATION

PRIORITY PAYMENT SYSTEMS®

Merchant # _____
 New Location Additional Location
 2001 Westside Parkway • Suite 155 • Alpharetta, GA 30004 • 1.800.935.5981
www.prioritypaymentsystems.com

Merchant Accepts GreenSuite – DonateWiseNow Yes No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

► Business Information

Note Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS-4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.

Legal Name (as it appears on your Income tax return): Indigo Systems, LLC	Name of Account (Doing Business As): Blizzard White Ultra		
Legal Address: 8888 Keystone Crossing, Ste. 1300	Physical Street Address (No P.O. Box): 8888 Keystone Crossing, Ste. 1300		
City: Indianapolis, IN 46240	State: Zip:		
City: Indianapolis, IN 46240	State: Zip:		
Phone #: (317) 575-4125	Contact: Ryan Reichenbach		
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input type="checkbox"/> Legal Address	E-Mail Address: ryan@blizzardwhiteultra.com		
Federal Tax # 4165465319	# of Locations 1	Years In Business April 2013	Years Owned Business April 2013
Place of Legal Formation: Indiana	Country of Primary Business Operations: USA		
Bank Reference: Great Western Bank	Contact: Pat Walton	Phone #: (303) 225-7425	
► Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%			
Name: 1. Ryan Reichenbach	Title: Manager	Date of Birth: 1969	Applicant's SS #: ██████████ % Equity Ownership: 80
Residence Address: ██████████	City: Superior	State: CO	Zip: 80027 # Years: 9
US Government Issued ID#: ██████████	Type of ID: CO DL	Expiration Date: /2017	Country of Citizenship (if not US): ██████████ Home Phone: ██████████
Name: 2.	Title:	Date of Birth:	Applicant's SS #: ██████████ % Equity Ownership:
Residence Address: ██████████	City:	State:	Zip: ██████████ # Years:
US Government Issued ID#: ██████████	Type of ID: ██████████	Expiration Date: ██████████	Country of Citizenship (if not US): ██████████ Home Phone: ()

► Business Profile

Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Government
 Corporation (Privately Traded) Corporation (Publicly Traded) Medical or Legal Corp
 Partnership Tax Exempt Org Single Member LLC Multi Member LLC Civic Assoc
 Limited Partnership Political Org Other _____

Type of Goods or Services Sold: **teeth whitening** I.C. Code: **██████████**

Do you currently accept Discover/Visa/Mastercard?
 Yes No
 (If yes, you should submit 3 current month's statements.) Name of Current Processor: **Harris, Woodforest**

Has Merchant or any associated principal disclosed below filed Yes Date: _____
 bankruptcy or been subject to involuntary bankruptcy? No

► Business Trade Suppliers – List Two

Name: Rapid Color Printing	Address: 6445 Karm's Park Ct, Las Vegas, NV 89118	Contact: Kat Cruz	Phone #: (702) 792-6055
Name: Venix	Address: 6397 Beverly Blvd., Box #310	Contact: Shane Lynch	Phone #: (323) 655-5789

► Merchant Site Survey Report – To Be Completed by Sales Representative

Merchant Location: Retail Location with Store Front Office Building Internet Residence Other _____
 Area Zoned: Commercial Industrial Residential Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? Yes No
 If No, explain:

The Merchant: Owns Leases the Business Premises Landlord Name & Phone #:

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: _____ Office #: _____ Representative #: _____ Representative Signature: _____ Date: _____

X

X

White Copy – Bank • Pink Copy – Merchant

Rev. 09/25/13

Page 1 of 11

Priority Holdings LLC wholly owns Priority Payment Systems LLC (a registered ISO of Wells Fargo Bank N.A., PPSL 000150).

Walnut Creek, CA and Synovus Bank, Columbus, GA and Cynergy Data, LLC (a registered ISO of BMO Harris Bank N.A., Buffalo Grove, IL).
 PPS Attachment H-1

► <input checked="" type="checkbox"/> Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates		► <input type="checkbox"/> Mail / Phone / Internet / Touchtone Rates			
Merchant Chooses to accept the following:					
DISC/VSMC (Other Cards) Discount Rate: <u>3.89% + 0.00 / 5.00% + 0.00</u>		Merchant Chooses to accept the following:			
VSMC Discount Rate for Debit Cards <u>3.89% + 0.00 / 5.00%</u>					
► Fees					
DISC/VSMC Transaction Fee:	<u>\$0.25</u>	Per Item	DISC/VSMC Transaction Fee:	<u></u>	Per Item
Non-Bankcard Transaction Fee:	<u>\$0.15</u>	Per Item	Non-Bankcard Transaction Fee:	<u></u>	Per Item
Non-Bankcard:	<u>% Discount Rate</u>	Per Item	Non-Bankcard:	<u></u>	Per Item
Statement Fee:	<u>\$10</u>	Per Item	Statement Fee:	<u></u>	Monthly
VIMAS Online Service:	<u>Monthly</u>	Monthly	VIMAS Online Service:	<u></u>	Monthly
Monthly Minimum:	<u>\$25</u>	Monthly	Monthly Minimum:	<u></u>	Monthly
Debit Transaction Fee Plus Network Fees:	<u></u>	Per Item	MOTO/Internet Surcharge:	<u></u>	Per Item
EBT Transaction Fee:	<u></u>	Per Item	AVS Surcharge:	<u></u>	Per Item
EBT Statement Fee:	<u></u>	Monthly	Batch Fee:	<u></u>	Per Batch
Batch Fee:	<u>\$0.35</u>	Per Batch	Manual Imprinter: QTY: <u></u>	<u></u>	One Time
Manual Imprint:	<u>QTY: _____</u>	One Time	Chargeback Fee:	<u>\$25.00</u>	Per Item
Chargeback Fee:	<u>\$25</u>	Per Item	ACH Reject Fee:	<u></u>	Per Item
ACH Reject Fee:	<u>\$25.00</u>	Per Item	Retrieval Fee:	<u></u>	Per Item
Retrieval Fee:	<u>\$5</u>	Per Item	Voice Authorization Fee:	<u></u>	Per Call
Voice Authorization Fee:	<u>\$1.50</u>	Per Call	Gateway Access Fee:	<u></u>	Monthly
Gateway Access Fee:	<u></u>	Monthly	Government Compliance Fee:	<u></u>	Per Month
AVS Surcharge:	<u>\$0.05</u>	Per Item	TIN Mismatch Fee:	<u>44.95</u>	Until Validated
Government Compliance Fee:	<u>\$3</u>	Per Month	DonateViseNow Fee:	<u></u>	Per Month
TIN Mismatch Fee:	<u>\$4.95</u>	Until Validated	Early Termination Fee:	<u></u>	One Time
DonateViseNow Fee:	<u></u>	Per Month			
Early Termination Fee:	<u></u>	One Time			
Misc Fees:	Start Mo/Yr: <u></u>	Amount: <u></u>	Terms: <u></u>		
#1					
#2					
#3					
#4					
#5		<u>% of Volume and/or \$ _____</u>	<u>per item</u>		

1) I/We understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions batched and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply, include but are not limited to, MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-Through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Audit Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Associations' website for further details. 3) By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. Yes
Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

► My Merchants Benefits Club

The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/terminal (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month. Initials: X LL

► Next Day Funding

Next Day Funding* _____ Per Month (POS Device batch must be closed by 8pm EST/6pm PST)

*Next Day Funding is subject to approval. All payments are provisional and are subject to, including but not limited to, additional fees, chargebacks, withholding, set off, security and reserve rights. Cynergy Data or Bank will not be liable for any delay in receipt of funds, fees for any delays, or errors in debit and credit entries caused by third parties, including but not limited to, any Association or your financial institution. For more information, see Section 6, "Settlement of Card Transactions" of this agreement.

► American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

<input type="checkbox"/> American Express ESA	Existing ESA SE _____	Merchant CAP _____
OR	Discount Rate _____ %	Per Transaction Fee \$ _____
	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____

\$7.65/month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)

New American Express OnePoint Discount Rate _____ % Per Transaction Fee \$ _____

PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.
 Card Not Present (CNP) Fee: 0.30% Downgrade
 Inbound Fee: 0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and I am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC. and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC. and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-528-5220.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC. to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <https://www.mybackofficetools.com/corporatesite/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC. servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____ Date: _____

► Debit/Credit Authorization – include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 0032

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: 39.99

AVERAGE MONTHLY VOLUME: 50,000.00

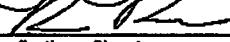
Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X  12/3/14

#1 From Application – Signature

Date

X #2 From Application – Signature

Date

X Accepted by Processor

Date

X Accepted by BMO Harris Bank N.A. Chicago, IL

Date

► For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. **MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.**

Indigo Systems, LLC

Print Legal Name of Merchant Business

X  12/3/14

Date

#1 From Application – Signature

Date

X #2 From Application – Signature

Date

X Accepted by Processor

Date

X Accepted by BMO Harris Bank N.A. Chicago, IL

Date

Indigo Systems LLC
6888 Keystone Crossing
Suite 1300
Indianapolis IN 46240

GREAT WESTERN BANK
78-873/814

1000

PAY TO THE
ORDER OF

\$

DOLLARS

▲ TAMPER RESISTANT TONER AREA ▲

MEMO

00 1000

003 2

Indigo Systems LLC

1000

00000000000000000000000000000000

Indigo Systems LLC

1000

P A Y M E N T
R E C O R D

PPSISL000154



017851



Cynergy Data
30-30 47th Avenue 9th Floor
Long Island City NY 11101
Tel: 800-933-0084
Fax: 718-559-4522

CHANGE OF BANK ACCOUNT REQUEST

Date: 9/1/15

To: _____

From: Ryan Reichenbach
Owner's Name

Business Name: Indigo Systems, LLC

Merchant Number: 38990000002747846

New Bank/DDA/Routing Information:

US Bank

Bank Name:

0934

Acct. Number:

Routing Number:

I (Merchant) agree, by my signature below, to the above changes and I further agree to these changes with regards to programming. I have enclosed a voided pre-printed check from the new bank account.

Ryan Reichenbach

Merchant Signature

X

Call Back Contact Number

NOTE: Temporary Checks are not acceptable. A Voided Pre-Printed Check or a Bank Letter for the new account must be attached (if mailed) or faxed to: (718) 559-4522.

**If you have changed Corporate Name, Ownership, Partners, or changed from Sole proprietor to Corporation, you MUST fill out a new application.

***Validation of New Bank Account information is required. Customer Service will contact you for completion upon receiving this request.

**** Please note that this change will only reflect for Visa, MasterCard and Discover processing.

For American Express, please contact them directly at:
AMERICAN EXPRESS (800) 528-5200

New Bank/DDA/Routing Information

PLACE VOIDED CHECK HERE

INDIGO SYSTEMS LLC
8888 KEYSTONE XING STE 1300
INDIANAPOLIS IN 46240-4600

100

DATE _____

PAY TO THE
ORDER OF _____

\$ _____

DOLLARS

Security Features
See back
Printed on back

usbank

All of us serving you®

VOID

MEMO _____

NP

0934#0100



PO Box 246, Alpharetta, GA 30009-0246
Tel: 888-830-0555 | Fax: 516-450-3487
Email: accountchanges@pps.io

ACCOUNT CHANGE REQUEST FORM

Date: 5/26/15

MID#

7846

Doing Business as (DBA) Name: Blizzard White Ultra

Legal Name (current): Indigo Systems, LLC

(For Legal Name Changes, a new merchant application will be required. Please contact your Sales Agent or Client Services)

Please fill out information you wish to have updated:

Email Address: _____

DBA Phone No: _____

Mailing Address: 8888 Keystone Crossing

DBA Fax No: _____

Ste. 1300

New Web Address: _____

Indianapolis, IN 46240

*The email you provide will be sent either a reminder of your statement availability or your statement. We will also send any communications to that email as well. Your email address will not be sold to a third party

DBA Changes Requested:

DBA Name: _____

Additional documents are required along with this form:

DBA Name Change, You must send one of the following: • Business Certificate • Preprinted Voided Check

DBA Address: 8888 Keystone Crossing, Ste. 1300

City: Indianapolis State: IN Zip Code: 46240

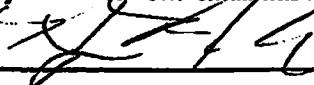
Additional documents are required along with this form:

DBA Address, a proof of address is required. You must send one of the following:

• A Business Certificate • Preprinted Voided Check • Copy of a Valid Utility Bill • Copy of Business Location Lease.

PLACE COPY OF
IDENTIFICATION HERE
FOR SIGNATURE VERIFICATION PURPOSES
*Without this requirement your request
will not be completed.
*Please Ensure copy is legible to prevent any
delays with your request.

Fax this letter to: **516.450.3487** In care of Account Changes
Or you can scan and email this letter to : account.changes@pps.io

Merchant Owner's Signature: 

Date: 5/26/15

FULFILLMENT SERVICES AGREEMENT

This Fulfillment Services Agreement ("Agreement") is made and effective June 1, 2013, ("Effective Date").

BETWEEN: RevGo (the "RevGo"), a limited liability company organized and existing under the laws of the state of Nevada, with its head office located at:

7565 Commercial Way
Unit E
Henderson, NV 89011

AND: Indigo Systems, LLC (the "Indigo Systems"), a limited liability company organized and existing under the laws of Indiana with its head office located at:

8888 Keystone Crossing
Suite 1300
Indianapolis, IN 46240

WITNESSETH:

WHEREAS, Indigo Systems is in the business of developing, producing, marketing and selling products direct to consumers;

WHEREAS, Indigo Systems is interested in using RevGo's services to fulfill certain obligations and RevGo desires to fulfill such obligations, in accordance with the terms and conditions set forth below.

WHEREAS, RevGo desires to provide the fulfillment services to Indigo Systems on the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises herein contained and other good and valuable consideration the sufficiency of which is acknowledged, the parties, each intending to be legally bound, hereby agree as follows:

1. SCOPE OF THE AGREEMENT

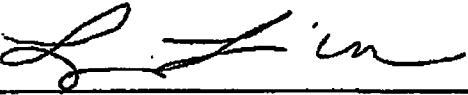
During the term of this Agreement, RevGo shall perform certain services for Indigo Systems including, without limitation, receipt, put away, storage, order selection, shipment, processing of returns, related customer service and administrative functions and other services described in the attachments to this Agreement (collectively, the "Services"). RevGo shall provide all personnel and shall perform the Services in a good and efficient manner. RevGo shall supply all necessary training to employees and staff members working within the fulfillment facility located at 7565 Commercial Way, Unit E, Henderson, NV 89011 (the "Facility").

2. INDEPENDENT CONTRACTOR STATUS

This Agreement does not constitute a hiring by either party. It is the parties' intention that RevGo be an independent contractor and not be an employee for any purposes including, but not limited to, Nevada State laws. RevGo shall retain sole and absolute discretion in the manner and means of carrying out their activities and responsibilities under this Agreement. This Agreement shall not be considered or construed to be a partnership or joint venture, and Indigo Systems shall not be liable for any obligations incurred by RevGo unless specifically authorized in writing by Indigo Systems. RevGo shall not act as an agent of

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

INDIGO SYSTEMS, LLC


Authorized Signature

Ryan Reichenbach
Ryan Reichenbach, Manager

RevGo, LLC


Authorized Signature

Brian Lint
Brian Lint, Manager

PX11

PPS Attachment I

Sandstone Beach Account Documents

MERCHANT APPLICATION



GMA
Global Merchant Advisors

Merchant #

 New Location Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now® Yes No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

Note: Failure to provide accurate information may result in the withholding of merchant funding per IRS regulations. (See Terms and Conditions for further information.)

Legal Name (as it appears on your income tax return): Sandstone Beach, LLC		Name of Account (Doing Business As): Sedona Beauty Direct				
Legal Address: 3420 E. Shea Blvd., Ste 200		Physical Street Address (No P.O. Box): 3420 E. Shea Blvd., Ste 200				
City: Phoenix	State: AZ	Zip: 85028	City: Phoenix	State: AZ	Zip: 85028	
Phone #: (602) 903-2477	Contact: Ryan McWilliams	DBA Phone #: (888) 978-2848	Fax #: ()			
Must Choose One Mailing Address: <input checked="" type="checkbox"/> DBA Address <input type="checkbox"/> Legal Address	E-Mail Address: ryan@sedonabeautydirect.com	Website Address: www.sedonabeautydirect.com				
Federal Tax # (as it appears on your income tax return)		# of Locations	Years in Business	Years Owned Business		
4 5 5 3 5 9 9 1 9 1		8 mos	8 mos			
Place of Legal Formation: Arizona		Country of Primary Business Operations: USA				
Bank Reference: JP Morgan Chase		Contact: Joe Rodriguez	Phone #: (480) 970-7097			
Owners or Officers: Individual Ownership Must be Equal to or Greater than 50%.						
Name: 1. Ryan McWilliams	Title: Manager	Date of Birth: 1979	Applicant's SS #:	% Equity Ownership: 80		
Residence Address:	City: Ft. Lupton	State: CO	Zip: 80621	# Years: 10		
US Government Issued ID#:	Type of ID: Driver's License	Expiration Date: 06/2014	Country of Citizenship (if not US):	Home Phone:		
Name: 2.	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:		
Residence Address:	City:	State:	Zip:	# Years:		
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):	Home Phone:		
Business Profile						
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estate/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Single Member LLC <input checked="" type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other	Sales Profile					
Type of Goods or Services Sold: anti-aging skin care	SIC Code: 5968	Discover/Visa/MasterCard Sales Profile (Be Accurate):				
Do you currently accept Discover®/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you should submit 3 current months' statements.)	Name of Current Processor: Meritus, Trust One	Card Swipe %				
Has Merchant or any associated principal disclosed below filed <input type="checkbox"/> Yes Date: _____ bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> No	Manual Key Entry with Imprint, Card Present %					
Business Trade Suppliers: List Two						
Name: TJ Richards	Address: Longmont, CO	Contact: Brandon Scott	Phone #: (303) 513-1991			
Name: United One Int'l Labs	Address: Farmers Branch, TX	Contact: James Mitchell	Phone #: (972) 490-3300			
Merchant Site Survey Report To Be Completed by Sales Representative						
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other	Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If No, explain:						
The Merchant: <input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises		Landlord Name & Phone #: <i>Goldenwest Management 877-333-9424</i>				
Further Comments by Inspector (Must Complete)						

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by:

Office #: _____ Representative #: _____ Representative Signature: _____ Date: _____

X

1/25/13

White Copy - Bank • Pink Copy - Merchant

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Page 1 of 10
Rev. 2, 10/01/2011

PPSISL000602

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:

DISC/VSMC (Other Cards) Discount Rate: %
 VS/MC Discount Rate for Debit Cards: %
 AMEX Discount Rate: %

Fees

DISC/VSMC Transaction Fee: Per Item
 Non-Bankcard Transaction Fee: Per Item
 Statement Fee: Monthly
 VIMAS Online Service: Monthly
 Monthly Minimum: Monthly
 Annual Fee: Per Year
 Debit Transaction Fee Plus Network Fees: Per Item
 EBT Transaction Fee: Per Item
 EBT Statement Fee: Per Item
 Batch Fee: Per Batch
 Manual Imprinter: QTY: One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: Monthly
 AVG Surecharge: Per Item
 Government Compliance Fee: \$6.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time

Misc Fees: Start Mo/Yr: Amount: Terms:
 #1
 #2
 #3
 #4

Mail / Phone / Internet / Touchtone Rates

Merchant Chooses to accept the following:

DISC/VSMC (Other Cards) Discount Rate: 3.48 %
 VS/MC Debit Card Discount Rate: 1.92 %
 AMEX Rate: \$7.95 Monthly

Fees

DISC/VSMC Transaction Fee: Per Item
 Non-Bankcard Transaction Fee: Per Item
 Statement Fee: \$10.00 Monthly
 VIMAS Online Service: Monthly
 Monthly Minimum: 15.95 Per Year
 Annual Fee: 15.95 Monthly
 MOTO/International Surcharge: Per Item
 AVS Surcharge: 10.00 Per Item
 Batch Fee: 15.95 Per Batch
 Manual Imprinter: QTY: One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: Monthly
 Government Compliance Fee: \$6.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time

Misc Fees: Start Mo/Yr: Amount: Terms:
 #1 G2 SPM - Setup Fee \$160.00 One-Time
 #2 G2 SPM - Monthly Fee \$160.00 Monthly
 #3
 #4

1) I/we understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Miles of Use Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, data Yes No. Give name / address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

Merchant Benefits Club

Yes, I want to participate in the optional Merchant Benefits Club which includes enrollment support and replacement for an additional \$14.99 per terminal/terminal per month. Initial: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services

Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization • Include a voided check or bank letter verifying bank account information

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 4094

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 38.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A. Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty • No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED

X 1/24/2013
 #1 From Application - Signature Date
 X
 #2 From Application - Signature Date

AVERAGE MONTHLY VOLUME: 50,000

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the herein named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Sandstone Beach, LLC

Print Legal Name of Merchant Business:

1/24/2013

X #1 From Application - Signature

Date

X #2 From Application - Signature

Date

X Accepted by Processor

Date

X Accepted by BMO Harris Bank, N.A., Chicago, IL

Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev2. 10/01/2011

Page 2 of 10

PPSISL000603

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.sedonabeautydirect.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

Sbs*sedona8889782848

List name(s) and address(es) of vendor from which the product is purchased:

TJ Richards - Longmont, CO and United One International Laboratories - Farmers Branch, TX

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Blue Rock, 7702 E. Doubletree Ranch, Ste. 300, Scottsdale, AZ 85258

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? Yes No If Yes, Monthly Quarterly Bi-annual Annual
Is your database collecting entire credit card numbers? Yes No If Yes, are you PCI compliant? Yes No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BAN

WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). NOW THEREFOR in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 1/24/2013



Authorized BMO Harris Bank, N.A. Agent

NER / OFFICER

Ryan McWilliams

Print Name

Print Name

SANDSTONE BEACH, LLC
3420 E Shea Blvd, Suite 200
Phoenix, AZ 85028

JPMORGAN CHASE BANK, NA.
91-002/1221

1000

1
PAY TO THE
ORDER OF _____

\$

DOLLARS

© 2001 INTRUST INC. # 521-1500-41234

MEMO _____

1000

4094

SANDSTONE BEACH, LLC

1000

SANDSTONE BEACH, LLC

1000



Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 2/08/13 14:00 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: mcWilliams, ryan
 Current Address: Ft Lupton CO.80621

TransUnion.

TRANSUNION CONSUMER CREDIT REPORT

MCWILLIAMS , RYAN A.

Also Known As: SSN: [REDACTED] Phone: In File Since: 5/98
 Date of Birth: [REDACTED]/79

Current Address:

PLATTEVILLE CO. 80651

Reported 8/11

Previous Address:

PLATTEVILLE CO. 80651

Reported 7/11

Previous Address:

PLATTEVILLE CO. 80651

EMPLOYMENT

REV MTN Position: WEB DEVELOPER Start: 1/08 In File Since: 1/13
 End: Effective: 1/13

ALERTS AND SPECIAL MESSAGES

Type [REDACTED] Explanation [REDACTED]
 [REDACTED] [REDACTED]

SCORING

Type [REDACTED] Score [REDACTED] Explanation [REDACTED]
 [REDACTED] [REDACTED] [REDACTED]

CREDIT INFORMATION Summary (Total History)

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]



MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION

DATE: 8/29 MID: ██████████ 8381

DBA NAME: Sedona Beauty Direct

LEGAL NAME: Sandstone Beach, LLC

DBA ADDRESS: www.sedonabeautydirect.com

CHANGE(S) REQUESTED (Please check all applicable)

DBA Name: _____

DBA Address: _____

DBA Phone Number: _____

DBA Fax Number: _____

Mailing Address: _____

Email Address: _____

Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

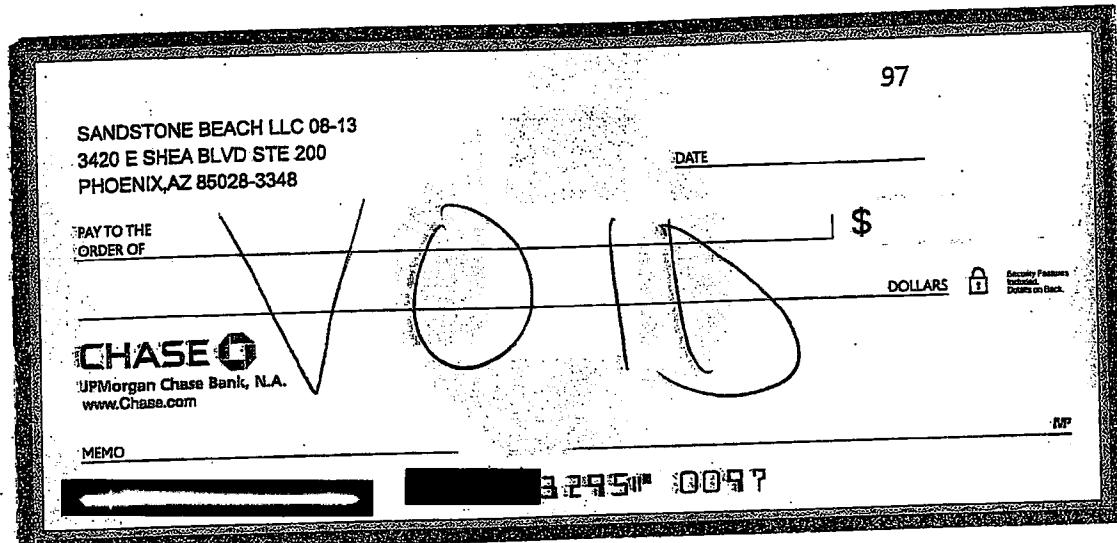
New Routing Number: ██████████

New Account Number: ██████████ 3295

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Ryan McWilliams

Signature: R



[Print Form](#)

MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION

DATE: 6/10/15 MID: 8387

DBA NAME: Sedona Beauty Direct

LEGAL NAME: Sandstone Beach, LLC

DBA ADDRESS: 3420 E. Shea Blvd., Ste 200, Phoenix, AZ 85028

CHANGE(S) REQUESTED (Please check all applicable)

DBA Name: _____

DBA Address: _____

DBA Phone Number: _____ - _____ - _____

DBA Fax Number: _____ - _____ - _____

Mailing Address: _____

Email Address: _____

Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

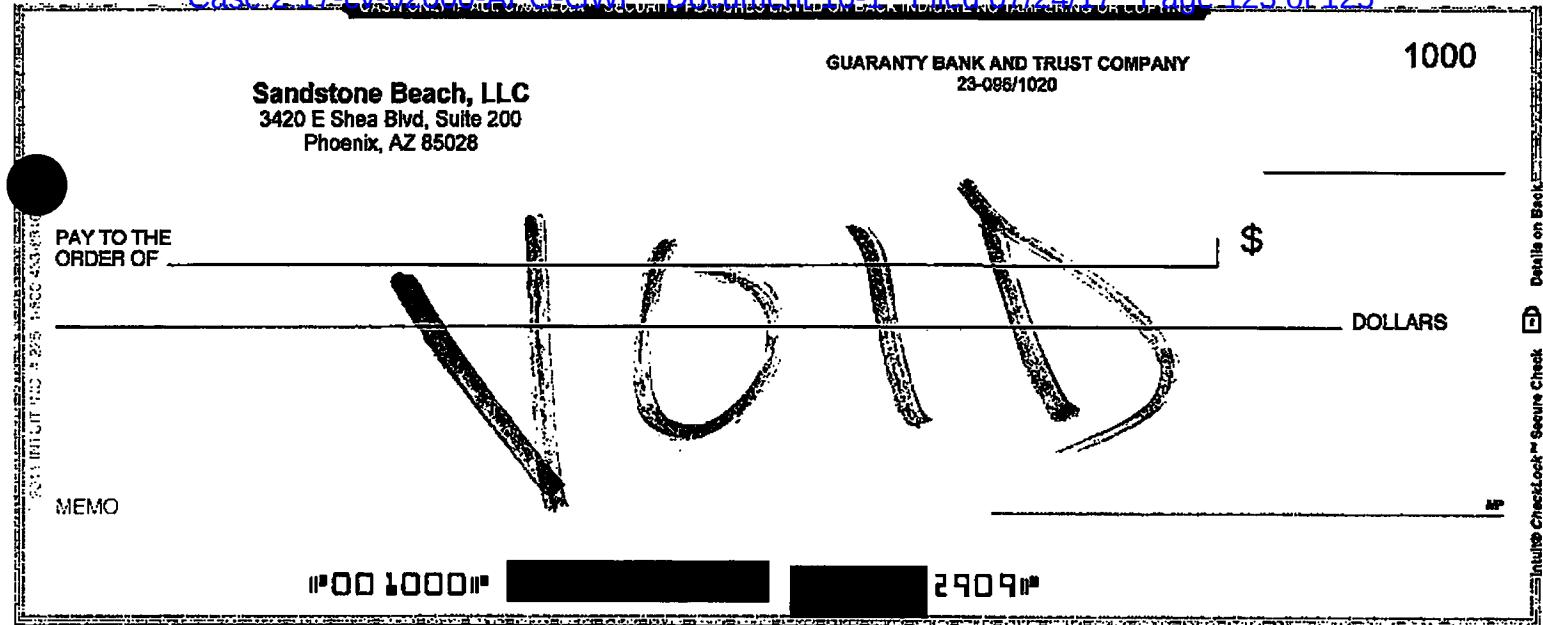
New Routing Number: _____

New Account Number: 2909 _____

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Ryan McWilliams

Signature: R



Sandstone Beach, LLC

1000

**PAYMENT
RECORD**

SANDSTONE BEACH LLC
3420 E SHEA BLVE STE 200
Phoenix, AZ 85028

09901

DATE

90-78/1211

PAY TO THE
ORDER OF



Nov 18 2001
09901
182610 09901

\$

DOLLARS

FOR

182610 09901

Solid Tee, LLC
1111 E Warner Rd. Ste 101
Gilbert, AZ 85296

PAY TO THE
ORDER OF _____

DATE _____

993
78-673-568
914

FOR _____

1000993# [REDACTED] 98201#

Great Western Bank

DOLLARS 1000.00